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THE MEDICAL BULLETIN.

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EDITED BY

JOHN V. SHOEMAKER, M.D., LL.D.

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THE

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A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXII. PHILADELPHIA, JANUARY, 1900. No. 1.

Addresses and Graduating Exercises.

GRADUATING EXERCISES OF THE TRAINING-SCHOOL FOR NURSES OF THE MEDICO-CHIRURGICAL HOSPITAL OF PHILADELPHIA.[1]

THE college orchestra, under the leadership of P. A. Zoells, opened the meeting by rendering the overture to Suppe's opera: "Poet and Peasant."

REV. MERVIN J. ECKELS, D.D., then appeared in supplication, as follows:—

Almighty God, Creator of all! we worship thee and do offer our homage unto thee, who art over all. Thy hand, Almighty God, hath fashioned us; and thy breath hath given us life. Thou dost preserve us upon the earth. We bless thee for all the manifestations of thy tender regard for us, the creatures of thy creation, because thou hast made us, O God; thou knowest our frame; thou rememberest that we are dust; and because thou knowest us thou dost have compassion upon our infirmities. We bless thee, that in the creation of the earth thou hast provided so many remedies for all those ills that flesh is heir to; and we bless thee that thou hast given unto men wisdom to discover these remedies for all manner of sicknesses and that thou hast given unto them skill in the art of applying all these things. We bless thee for all the institutions which, in the course of time, have been builded up in order to alleviate the sufferings of humanity. We thank thee for all the inspiration that has come to man from thine own example, for we believe that thou thyself didst become flesh and dwell among men, that thou mightest become the Great Physician, healing their sicknesses and bearing their infirmities. And now we pray thee that thou wilt save us in this hour as we meet in this institution, which has been erected in order to carry on this work which was wrought also by the Son of Man when He went about doing good. We pray that thy blessing may rest upon all those that are engaged in the work of administering unto the sick, all those that are willing to give their lives unto the study of this art of gentle ministry; and to-night we invoke the divine blessing, especially, upon this graduating class; upon these young women, who shall so soon go forth from this institution to represent them in the midst of sickness and afflictions; and we pray for every one of them that thou, O God, wilt make them strong, that thou wilt make them gentle, that thou wilt make them patient, that thou wilt help them to bear all things and to endure all things. May they go to their work as those who count not their lives as dear unto themselves; so that

[1] The services were held in the new college amphitheatre, Cherry Street above Seventeenth Street, Monday, December 11, 1899, at 8 P.M.

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they may finish their course with joy and this ministry that they have received of the Lord Jesus; and when their work is done we pray that thou wilt receive them unto thyself, and may they find they are refreshed in those words which thou shalt surely speak, saying: "Go, ye blessed; inherit the kingdom prepared for you; for I was sick, and ye ministered unto me." So may thy blessing be upon us all, and upon this institution, and upon all assembled here. We ask it in the name of Jesus Christ, our Lord. Amen.

PROF. JOHN V. SHOEMAKER:

Graduates of the Training-school, Students of the Medico-Chirurgical College, Ladies, and Gentlemen: At the request of the Trustees of the Medico-Chirurgical College and Hospital, I have pleasure, upon this occasion, to present His Honor, Mayor Ashbridge, of Philadelphia, who will make a few remarks to you, and will, at the same time, preside at this meeting. (Applause.)

SAMUEL H. ASHBRIDGE, MAYOR OF PHILADELPHIA:

Nurses, Ladies, and Gentlemen: It is only to-day that I received from Dr. Shoemaker an oral invitation to be here to-night. He asked me to preside at this assemblage, on the graduation of these nurses. While, at all times, I am busily engaged in the day and oftentimes late in the night, in remembrance of the obligation I owe to him personally and in remembrance of the obligation I owe publicly to all institutions of this and a like character, I considered it my duty, weary as I was, to come here to-night and say a word or two in behalf of this magnificent institution and the individuals engaged in its management. (Applause.) I congratulate you upon many things; and I was not aware, until a few minutes ago, that, while you taught so excellently well the art of healing and curing the ills of life, yet there are other things in which you are proficient alike (and that is one of the great arts of the world): the music that has just been discoursed by your orchestra. (Applause.) In remembrance of the great versatility of this splendid institution that has turned out so many men into the world gifted in the highest science, which reaches into every household, you are to be congratulated in this institution in having the several men as professors and teachers so well equipped in knowledge and intelligence, with all the progressive methods that any medical school can be possessed of; and you, boys,—pardon the expression!—but you have this splendid opportunity given to you by the intelligence of these men who are your professors and your trustees; and I am quite sure that they have a personal interest in, as well as a high regard for, you individually; and that they take great pains in so sending you out into the world that, when you have your diploma and are practicing in this city or elsewhere, you need never be ashamed that you are graduates from the Medico-Chirurgical College of Philadelphia. (Applause.) I feel that you have an interest in the institution; you manifest that to-night by your enthusiasm; and every man who is interested in the great work of his professional calling or business always makes the better businessman and the better professional man if he is in love with his profession and his calling, as you are.

This institution, in recent years, has taken on a wondrous garb. I remember very well, only a few years ago, with but two or three rooms, it had but limited quarters over the Third National Bank, opposite Broad Street Station,—with but a handful of students and a limited number of professors and without having a reputation even in this city, let alone abroad. It has been with the enterprising spirit of those associated with it that it has broadened out its character, until to-night none of you need feel ashamed that you are entered as students in the Medico-Chirurgical College. (Applause.)

It is not my province to speak here,—merely to preside and introduce those who

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will; but I cannot take my seat without saying a word in behalf of these—I won't say "ladies"—I will say "women" (for we remember that our mother was a woman, and it is the purest and sweetest title of all womankind or womanhood),—the nurses of this institution; and how many of you to-night know that away in the distant western reserve of our continent, up in the hills of Vermont and New Hampshire and New York State, and down into the Southland of our republic, men are kneeling to-day joined with their wives and their mothers and their sisters and their sweethearts, who have tasted of the sweets of the tender nursing of these, the nurses in this hospital in 1898, when they were brought back almost from death (applause); not alone the nurses, but the men who were associated with them, and giving them their best skill and talent in the prescriptions conveyed; but what is more tender than the soft hand of the nurse with the fever-stricken patient, and how typical their dress,—typical and symbolical of their purity of heart and soul that enters into the private life of the household, as well as into the public hospital. They are, indeed, the "ministering angels," ministering unto us when we are sick, and almost dying,—bringing us back again with the tender mercies and the attentions that they give us. I know that you boys feel to-night that if, when graduated, these nurses may attend your patients, your cause is half won and your patient is on the road to convalescence. (Applause.) It is only in recent years that the great principle of nursing and of training-schools in medicine and in surgery has taken the great stand that it has; and I am proud, indeed, to be the chief executive officer over a million and a half people in a great city like Philadelphia; I am prouder, still, of our homes and of our people, of our industries and colleges of education, greater and grander than in any other city on this continent; aye! there is no city in the civilized world that educates and turns out upon the community the same class of high intelligent physicians as the city of Philadelphia. (Applause.) We educate them for the far west,—the Pacific slope; we send them abroad; we send them everywhere; and I congratulate and compliment you, gentlemen, who are entered students here to-night and who have seen fit to take your course at this institution. Marvelous has been its growth, and progress in every line has marked the flitting pages of its but few years, until its older colleges have been met in fair and honest competition, and you ask no odds at any other institution. (Applause.)

I might be pardoned in saying that not many years ago I read medicine, as I read law, merely as a matter of information; therefore I take a very great interest in matters of progress in medicine; and only quite recently the deans of the various colleges in Philadelphia waited upon me by appointment for a privilege which was immediately granted. Contagious diseases are but seldom seen, if ever, by a student until he is graduated. I believe in educating the boys into every disease, so that when you get your diploma you know every disease as you see it, and can treat it accordingly; and I believe the public institutions should be open to the students, within proper regulations and care, for those of every college; and when the dean of your college and the deans of other colleges waited upon me, I said at once that the Municipal Hospital, with diphtheria, scarlet fever, and small-pox, should be opened to the students of this institution as of others; so that the boys might have the opportunity of seeing diseases and seeing them treated in the forms that are practiced and used there. (Applause.)

I would, in conclusion, thank you very much for your generous praise. Many of the faculty I know personally, and have tasted and tested their friendships; and I hold them in the highest regard, and assume an obligation of friendship to them for all that they have done for me in the past; and, weary as I was to-night, I would

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not refuse the privilege of being here, or decline an invitation to be present.

And to you, the young ladies that are here to-night, I can only again express the hope that the paths of your lives may be with that full fruition of your calling and profession, typical and symbolical of the garb that you wear,—of the tenderness of feeling and that sympathy of heart that always is manifested, just as sacred as the nun in her calling, as she administers her sacred rites to those under her care; and if there is a sacred thing in all this world, —a deity to the church and beneath that, —it is the women of the world who dedicate their lives, not in the cloister of a convent, but out into God's broad atmosphere of light, healing the suffering and afflicted, bringing them back again to life and health, and to the cherished hearts who love them best. (Applause.)

G. C. BIRD then rendered a violin solo.

CHAIRMAN ASHBRIDGE: I take pleasure in announcing the next part,—the presentation of the diplomas by Professor Laplace.

ERNEST LAPLACE, M.D., Chairman Training-school Committee:

Mr. Chairman: These young ladies, having attended the prescribed course of study, during the three years, of the Training-school for Nurses of the Medico-Chirurgical Hospital; having attended the lectures and taken part in all the practical instruction prescribed in said course; having also passed a satisfactory examination in these branches before the staff of this hospital, the Board of Trustees awards them to-night a diploma, certifying that they are graduate nurses in the Medico-Chirurgical Hospital of Philadelphia, and entitling them to all the rights and privileges belonging thereto.

(Dr. Laplace then handed a diploma to each of the graduates, in order as follows: Mary C. Considine, L. Virginia Ashcraft, Margaret W. Ayres, Sara F. Groff, Elizabeth Huplitz, Valeria M. Knisely, Mary G. Logue, Laura V. Shellabarger, Elizabeth M. Sollenberger, Emma S. McBride, Sarah J. McGlinn.)

The College Mandolin and Guitar Club (J. F. Edwards, leader) then rendered Sancher's "Andalusia."

THE CHAIRMAN: While medical science has advanced with rapid strides, no less certain has been the progress of events in the evolution of business in its application by businessmen; and while other countries have men of distinction in the various marts, and while other cities may enjoy men of great wealth and distinction in finance, it was left for the city of Philadelphia, with its Quaker origin and with the ofttimes-ridiculed slow methods and ideas, to evolve and bring forth the most progressive thoughts and put them into enterprising action of any man on the American continent. It is the distinction that we enjoy in this city, a marvel of the age and the generation,—the evolution of the best thought and best progress that has ever been applied in the practical business methods; and Philadelphia has that honor in having as one of its citizens, born in our midst, living here, surrounded by friends and associates, a man of marked distinction, who enjoys an international fame, is well known abroad as at home; and we, as Philadelphians, have that distinction of having here in the city of Philadelphia the most enterprising, progressive, and great merchant prince, and whom I have the honor now to introduce to you and who will make the formal address: the Hon. John Wanamaker. (Prolonged Applause.)

HON. JOHN WANAMAKER:

I do not wonder that you cry "What is the matter with Mayor Ashbridge?" He certainly was born in a flower-garden. If you touch him with your little finger, he will begin to bloom; and if he makes a speech, it is a whole box of flowers that he brings you; but then, to-night, your house is turned into a kind of china bowl (ap-

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plause), magnificently decorated with these representatives of many gardens. I am not speaking so much of those pinks of perfection up yonder, nor of the Johnny Jump-ups higher up; I am referring to those superb American Beauties that grace your hall—your lady friends. What a happy thing to find life with so many holidays in it, that the summers are longer than the winters, and that God has made enough flowers to go all around! (Applause.)

Now, Mr. Mayor, ladies, and gentlemen, the real surgical operation of the evening is about to begin. (Laughter.) You have heard some strange sounds in the students' gallery up yonder: you evidently realize that the worst part is ahead of you. I never made a nurse's graduation speech but once in my life, and it was an awful failure. (Laughter.) I remember very well the incident of a French surgeon of marvelous skill, who had his class gathered about him, performing an operation that struck them with amazement, because of its quick, fine touch, and what seemed to be a favorable result; and the big fellows gathered about him and asked him if he had ever performed that operation before, and he answered with a smile upon his face that this was his seventeenth performance of it; and some fellow, not so modest as you are, quickly spoke up and said: "Professor, how did the cases turn out?" And he answered: "There were seventeen of them; and they all died." (Laughter.) I don't know whether His Honor, the Mayor, would be so well and handsome to-night (not so handsome as his director alongside of him) if he had ever tasted something else beside the friendships of the faculty of this college (laughter and applause); but there is one part of his speech that was very striking: the friendships—the friendships; nothing about the bitter medicines, nothing about the touch of the knife. But to go back to my one former speech: I killed the patient; and when this Shoemaker of yours worked me over and welted my soul to this undertaking, I carefully concealed from him the fact that I had been once before at this very thing.

Now the truth is: I have not a speech of any kind in the world; nor does it come easy to make them. I have to say that, because you will be contrasting me all the time with the mayor. If I were ever to get to be mayor, I might copy from him the way it is done; but the truth is that I am not able to make a regulation speech, and specially to nurses. I have none bottled up and ready; the fact of the matter is, the kind you deserve must be put up by an apothecary, who does not keep on hand old dead medicines. The kind you need must be like a prescription put up while the ladies wait.

It is a great pleasure, young lady graduates, to see you standing at the gate of your chosen life. The diploma that you have received to-night so gracefully from the hands of one of the executive officers of the college is simply a binding for the volume of your lives now finished. On the back of "Volume I" I see the title reads: "God's Comforter for the Prisoners of Pain." No one but yourselves can tell what is written in the opening chapters of your life-book, save that on the first pages of the white human heart where the loving hand of the Heavenly Father hath written in these years His own wisdom. Wisely you have chosen to write the other things that have made you masters in your profession. So much is to the credit of your energy and application. Whatever is to follow from to-day will be another book. Each of you will write your own book. Let it be a good book: a book for good reading for yourselves in after-days and for those you love, who will want to read the story of your lives. To write these biographs you will need not only to cherish the memory of the principles which you have adopted, but you will find, like others who are older than yourselves, that you have thus far trodden only upon the edge of the mysteries of life, and have still much to learn. Not one of us can safely take a stop-off ticket when we

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have on hand the bouquets of graduation-time. Every day brings some new problem, and every day brings some new discovery to meet the problem; and to you who are going into the world of gout, rheumatism, of Bright's disease, consumption, and cholera, of—What is it you are saying, to put upon my list? (indicating one of the students in the audience). It is a hard thing, Mr. Mayor, isn't it, for a fellow to sit still and see that fine girl over there that he is dying to speak to. At the first glance I thought he intended to speak to me, but I think he means to send her a bouquet, after I am through; and by and by they will both have headaches and heart-aches. (Laughter.) But this great world is full of fevers and falls, of broken bones and broken nerves, and of battered bodies and overwrought hearts. It would be a worse world but for the doctor and the nurse. What courage they must both have to go forward into human sorrow and darkness and tears and be a true doctor and a faithful nurse? Most speeches are too long in the beginning, too long in the continuing, and too long in the stopping. I don't want this one to be like that. Let me, first of all, beg you to believe that whatever hinderance block your way, there is a wonderful lot of kindness in the world and readiness to lend a hand. I was greatly touched by the story of a night not long ago when some of the South American soldiers had returned and were reminiscencing; and one of the Rough Riders, in his quick, jerky way, told the story that at San Juan he had been hit, and the jugular vein had been cut by a bullet; and that he owed his life to a man who stood over him for two hours, holding his hand tight and hard on the flowing wound, thus saving his life; and the man, in a burst of enthusiasm, finished his story, saying: "Good heavens, and it was a negro that saved my life!" So shall you discover kindliness and kingliness where you least expect it: in homes that seem to have no echo of generous kindness you will find the touch of a heart that will meet you and help you while you are doing your duty. There is so much to do in this world it would seem as if God had purposely left it incomplete so that there would be something for everyone to do, if willing and seeking to find the work. I think it was Goethe that said the old world was the garment of God. I do not know how to explain that, exactly. If you all go to Dr. Eckels's church, just around the corner, perhaps some day he will make plain how the churches were never found ready-made, like shoes; how that ships were left for men to build; and that the old garment of the earth was left full of holes to be bridged and patched and made livable and lovable. What was it the Irishman said when some one spoke to him of the ragged coat on his back, asking: "What is your coat made of, Pat?" And Pat said: "Faith! and it is mostly air, sir." You will find many places in it and on it that will need many a stitch of your's, Mr. Surgeon; that will need many a plaster, dear nurse, to relieve the pain and stop the groan. God—the Father of us all—has left much work for you and me to do.

I began to speak to-night of the various diseases you would have to treat and how soon I was stalled—there are so many, these days. Do you remember the story of the young couple who made up their minds that they would keep account of everything they spent in their housekeeping. The little woman was to be the clerk, and she began bravely marking down pins, for so much; needles, so much; marketing, so much; coal, so much; rent, so much; and after a few weeks she got tired of it and the book was laid aside unwritten—you needn't laugh, Mr. Bigbeau! You will have an experience like this some day soon. (Applause and laughter.) One day the little housekeeper complained to her husband that her accounts had gotten behind, and "she must take to-night to fix them up." "Well," he said, "darling, I will stay at home and help you"; and after supper they took down the books and went over them:

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"thread, so much,—4c.; pins, 10c.; and new dress, $416.00—"

(Cry of "Wanamaker.")

No; she lived at Oshkosh, and the mail and the telegraph-service had broken down, and she had to buy in Chicago; but in the account-book now and again there was the item "G. K. W."; and he looked and looked at it, not knowing what it meant; finally he went over to the next week's account and read on down the columns: "newspapers, 15c.; laundry, 40c.; ribbons, 3c." (that's Wanamaker). (Laughter.) Thank you. We have to take this speech as you and I make it; but we are before the mayor, and you say "He is all right." Well, down at the bottom of the page of that ponderous housekeeping ledger was "G. K. W." again, and so it went on for three or four weeks; and he said to her: "Jennie, what in the world is G. K. W.? And she replied: "I cannot remember always where the money goes, and then I put down 'G. K. W.,' which stands for 'goodness knows what.'" You may sometimes be perplexed (but I hope never forgetful), and in your puzzling path-finding in disease be at a loss to make records of cases and be tempted to put down the new case as G. K. W. Yet, perhaps not, as I understand, there is an omnibus name for all new diseases called *"La Grippe."* But, seriously, what stupendous faith and equipment a doctor must have in these days, and you, too, dear nurse, his best aid and servant and help-meet (for that matter, we are all servants), and none better than the nurse qualified at the Medico-Chi. (Applause.) On the ocean of life about the only white-cap we shall want to meet is such as those that are bonneted and aproned like these in front of us. They may get up a storm now and then, but we shall never be afraid. Now, really, I would like to say something about the nurse's work itself, but I know so little of it. Possibly every thoughtful speaker on these occasions begins by telling nurses not to tell tales out of school. I am not going to say that at all to you. The fact of the matter is: if you are engaged at Dr. Shoemaker's house, or Mr. Director English's house, or Mr. Mayor Ashbridge's house, you can tell whatever you like, wherever you like without the least restrictions, as they are all model homes; but, as to the rest of us,—well! perhaps you had better be a little careful. It does seem a plain duty not to be busybodies when people receive you into their families in one sense as guests and half-doctors, looking upon you with respect and confidence as bringing to them the healing touch and loving heart, to supplement the doctor's skill, to lift a poor bruised and battered life up again and set it sailing once more toward the open sea of health. (Here the speaker turned toward some one who accidentally struck a piano-key.) That's the right note to strike a cheery tone; it won't pay your doctor's bills, though. Another thing I would like to say is: Do be content! It is a common thing for every man to wish his business or profession something other than what it is, for a man who is a storekeeper to wish that he was something else. There is an old adage that: "The other side of the road is the best"; but it is seldom so. You have chosen your calling; you have thought it all over once; now you have married it; do not seek for a divorce; stay put; find brightness in it, until you young fellows find some patient that you love better than your profession or rather who will double your brightness and usefulness (laughter and applause); be very careful though, and be sure you have the right medicine before you take it. Study the prescription aforehand, before it is finally put up. Why you are blushing, you young fellows. Well, I am not surprised with all these young ladies around you admiring you. I said do be content. There was a very nice Swedish girl that had come over the sea; and in her new place her eyes at first were full of tears most of the time,—she was so dreadfully homesick; her mistress, seeing her dim eyes so often through the day, said to her: "Anna, what is the

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matter with you? Haven't you a good home; haven't you good wages; isn't everybody kind to you? Ain't we your friends and all around you always?" And she replied: "Yes'm; I do be grateful; I know I has a good home. It is not the good home that I have got; but it is the other old one that I don't got." So said the poor Norwegian girl. Well, it is hard sometimes to fit ourselves into our work under new conditions; there will be difficulties about almost every place. But then we must learn to be willing to fit into the new and changing situations of life.

I think Philadelphia a pretty hard place to work in, in many respects. You know the woods are full of Indians: the tricks of the Schuylkills and Delawares; they lie in ambush in the many thickets, and sometimes you are surprised by a tomahawking when you are doing your best; but, then, Philadelphia is not so bad as a great many other places. You knew that right well when you picked out our city and your college. You will find hosts of people here that are kind and good. None of us can always get just the place or the job we want, like the man down at Arch Street at the corner of Broad (and this is a true story I am telling you,—for I got it from one of the officers of the U. G. I.,—no gas about it; it is a genuine fact). You remember that they were tearing down the old Baptist Church where the new U. G. I. Building now stands, and a great, fine building it is; among the laborers were two Irishmen; and one said to the other: "You're whistling all the time when you are not singing. What's going on with you?" Says he: "Faith, Mike! I never was so happy in all my life. I am tearing down a Protestant church, and I am getting paid for the job." It is not always that we find our job agreeable. But you will all find work, no matter how hard it is, no matter how difficult it is,—that will have its own compensations. It would be a strange thing for a man to be crowded into any place,—or a woman,—where she would not get all of the consideration she deserves. Believe me, if I know anything about life, it is that every man of us,—every woman,—makes his own rating and gets all the pay he deserves. I mean, in the long run. If it is mere money you are after, perhaps you will be disappointed; but I will tell you to-day and you will learn it for yourselves somewhere along in your lives, that if you owned the U. S. Mint,—had every cent that is inside its walls,—there are things that you will want,—that you cannot buy with all that money. I beg you to try to be content with your work, whatever it may be. It will make life miserable when we go along with discontent or jealousy because some one else has what looks to us to be better than what we have. However dark the clouds,—however great the storm,—it cannot be long before a rainbow in the sky will appear. An upright man,—one who understands his work well,—it seems to me can carry any weight that you put upon his shoulders; he may walk through a graveyard at midnight and whistle, however superstitious, if he but knows that he is on the path of duty and doing the work that God has given to him. Why, such a man, and such a woman, are great souls; a man can be twice a man if he is sure that he is doing the work that God has given him. And nobody can do that if all the time they are nervous and uncertain whether they are in the right place; if they are all the time studying whether they had better pull up roots and try something else. Did you ever see a soldier that was worth anything that was fearing and trembling? Do you remember how Stonewall Jackson came to his name? Do you remember that they said of him: "There he is, in the midst of the fight, a stone wall,"—that is why they called him "Stonewall" because he was always up against heroic things. I would like us, every one, to be like that in the sick-room, in the crisis of the disease; in the time when it wants a whole, round man and a

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great, strong, noble woman to be stone walls that somebody else can lean against.

And now another point I will ask you: Not to magnify trifles! Nothing is easier than to scare ourselves. I have sometimes driven at night through the country where every bush looked like a ghost and I couldn't whistle. Somehow, the size of a thing that we have to meet, or cross in the night of trouble, looks a great deal larger than it really is; don't you know it does? I think it is well worth while for you and for me to mark down, and not magnify, trifles. If you have a garden that has a nettle in it, get out of it or kill the nettles —you don't want them; and surely you don't want to grow nettles in your imagination. I know of a man who says that some of his people always seem to grow a miff-tree; wherever they are they get miffed at the least little thing, and, like owls, they fly up and say: "That man trod on my toe," and "That man hurt my feelings," "This man made a face at me," and "That one told a falsehood about me," and they carry everywhere a sour face and a gloomy heart, —nothing is ever quite right. You don't want to live near a miff-tree; you don't want to be watching for insults. The real, true way to treat an insult is to let it lie in the dust and dirt where the man throws it. If you do that he is likely to walk away from you discomfited. He is disappointed when you don't take up the quarrel he invites. You have enough to do without watching to see that somebody is sour to you, or somebody is trying to put some obstruction in your way. That is not what you want to do; you are to be a sunbeam; you go into the house to lighten it; you want to be so acceptable that every day they will wish to be sick a little longer just to have you around; and when the time comes that you are to go away they will be sorry, and whenever they think of it will be saying: "The next time I am sick, I would like to have you come to my help." Your name will be set with a star in their memories. That is what you want. What is the use of living so that the doors we have entered once are forever after shut against us to puzzle us for the reason why. Yet so it is. Often by thoughtless words; by one little act of neglect. Oh! my friends, how thoughtful we must be of our looks and speech, especially if we are to help other people; and do be careful to be careful. I need not take you out to Bryn Mawr and show you that splendid young doctor, who, after performing a successful operation, attempted to climb upon a moving car, catching by the rail and simply missing one little step and rolling under the cars into a grave. In one minute at his best in his magnificent young manhood and in another minute with years of his successful college life,—fullness of splendid vitality, the magnificent opportunity for a great life,—lost—all lost to family and this community that honored him—for the want of common carefulness! What a wreck—a needless wreck—it all was!

I shall never forget the effect upon me one day, when last visiting Europe, when I was standing on the great, broad deck of a splendid old ship looking three miles across the water to where I plainly saw high up on the rock and coast the great steamship *City of Paris*. I can remember the sense of sadness that the sight caused me. I said to myself: "Poor, old queenly ship of the American Line; so magnificent! why didn't you die at the scene of battle? Why didn't you rise in smoke and flame under the shot and shell of the enemy, when you were defending the old flag and the country? Why did you come and lie down there with a broken back?" And as I gazed on in sorrow I thought: "It was not your fault, old ship; it was the fault of a little pencil, and a watch, and the man that held the watch and the pencil that simply didn't figure rightly." I declare to you, because a ship is worth less than a man, that you are more responsible than that unfortunate captain for proper care when you write an important prescription,—when you diagnose the disease and figure on the

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currents of life, when you are settling what is the next move in an operation on which life or death depends. How serious it is to face such a life; not the life of a ship, but the life of endless years; but you look so serious; come away to another view of carefulness. If you are to help others you must be cheery yourselves. I wonder if you have read that charming story,—an old one,—one of the early stories of Anthony Trollope,—something like this: a young bride—a rich one, too, she was—who, after her husband won her, didn't consider all things quite as he did when courting. (That is often the case; I am telling this to you rich girls up yonder in the galleries.) The young couple were traveling abroad, the lady had an invitation to go to keep Christmas at the castle of her relatives of a titled family in England; and with a great deal of shrewdness she drew her unwilling husband across the Continent to Paris to be handy to the channel crossing. This man had some affection of the throat, and the nearer he came to Paris as he knew of the expected visit, the worse his throat seemed to get; he didn't want to go, and she, like a good wife, was determined to take him to the Thompsons—if I have the name right (perhaps you remember it, Mr. Mayor),—and it was only two days before they were expected in England; and he felt that the fogs of Paris had made his throat worse and that he could not go. His wife, the faithful nurse, stood over him one night, when he said: "I think if I only had some mustard,—you made a good plaster,—I would be a great deal better." To make the story short (for I am afraid you will go to sleep with speech of a sleeping powder that I am now giving you), she said: "Well! we have not any mustard; there isn't any in our boxes." "Oh!" he said, "I saw some in the dining-room; and if I only had a little of it!" Well, it was 12 o'clock at night; and this dear, faithful wife said: "I might try to get it"; and she looked out into the hall, and it was so dark that she came back and said: "I think if you will just let me bathe your throat a little, it will be better." Oh, no! nothing would do but mustard; and she finally slipped out from her room, 333 (the thirty-five and the fifty-five are very much alike in foreign countries), and went down, clear down into the lowest hall, where she stumbled over one of the night porters coming along with a lantern; and I wish I could tell you all the details of it, but it would take too long. She made believe she had lost her handkerchief and was looking for it and felt she might have left it in the dining-room. The night porter took her to the dining-room, and they hunted for the handkerchief, she making sure just where the mustard was, thinking maybe she could go back after she got rid of the man and get some mustard. Of course, the handkerchief was not found. She started back to her room; he insisted on going with her; and she told him the number of her room as 335 and he took her near to the door, pointed it out, and left her. After this night watchman had turned the corner out of sight she retraced her steps and succeeded in getting at the mustard; getting sufficient for a plaster, hurried along back as fast as she could to escape notice when she came to the door where the night porter had left, when she quickly went in. There was the man in bed; there was the fire all just as she left it; there was the little table,—the book on it, but the man was sleeping. She said: "Why he looks much larger sleeping, doesn't he"; she first feared to disturb him lest she might wake him, but finally lifted up his long beard and clapped the mustard upon his throat and then sat down, without waking him, to watch the operation. As he turned from one side to the other in the bed and she got a good look at him, she discovered that it was not her husband at all. (Laughter.) Well! the story is too long; but it interested me much; she sat there and walked about, while the man was sleeping in his early sleep, wondering what she had better do. She felt that if she woke the man up

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she was liable to arrest,—that the man would be excited and that she was in a room that she hadn't any right in; that she would be taken for a thief, perhaps; and all this passed through her mind. She finally concluded that though the man might suffer, it could not do him very much harm,—she would just run off as quickly as she could; and she went back to 333 (the French "3" and the French "5" look very much the same, as I told you; her room was just two doors away, exactly like it). She didn't tell the whole story to her husband, and the next morning at breakfast, when they were just preparing to pay their bill and get off, to cross the channel to meet their engagement, by the early train, the porter of the hotel that had guided her the night before who seemed cross then that she hadn't any fee to give (having worn her wrapper without a purse) —that same porter came in and held up a handkerchief with her initials on which she had unknowingly dropped, calling out loud in the dining-room: "Is there anybody here by the name of Brown?" And then the whole story was out; the rest of it you will have to read; it was only this: that it was a very ugly scrape to be in, of an offended man and a mysterious case and a deferred journey. You must be very careful not to get the mustard plaster on the wrong man and not get the dose out of the wrong bottle, because it may spoil much more than a Christmas visit.

Perhaps I might say, in hurrying on, don't be above your work; don't feel that there is anything too great for you to do—anything too little for you to do. I remember that Henry Ward Beecher was once hiring a horse at a livery stable, and people said to him: "There is a horse that can travel in any kind of harness and do any kind of work and in all kinds of weather"; and Mr. Beecher, with the quaint humor that he always had, said: "I wish he was a member of my church." I think that every family ought to wish, after they come to know you, that you were a member of their family. The real religion of life is finding out how to be a good woman—how to be a good man. You might write yourselves all over outside with some church or society reputation, but you will need to write love over your life, sweet gentleness, and patience. Ah, well you know yourselves these things that will make you strong and great! If you are going to do your best work, you have got to get a great deal of help for your own hearts. If I had the time to tell you, I would like to take you to Stockwell with me and see Mr. Spurgeon on his knees with a little, sick boy—the great Mr. Spurgeon. It is a sweet story that I dare not detain you long enough to tell. Let me say this: that you will need help; sometimes there will be only one place worth while to look for it. It is well to have our friends near us, to lead us, but they are not always at hand; yet there is always a clear sky above our heads if we will only think of it. I wonder if you came across this. A man on the Lehigh Valley Railroad track the other day stepped along on the road-bed with a big pack of kitchen and other things upon his back. He was not a common tramp; his bags and boxes were filled with clothes and household things. Along the way he was headed off by a supervisor of the road, who told him that it was against the law to walk on the railroad track and that it was also dangerous, and that he must get off. The man looked and acted indignantly, exclaiming: "I have got a ticket and have rights here." And, sure enough, that old Hungarian, with his heavy load, had a good ticket he had bought at a station, good from Jersey City to Scranton; and he thought that all the right it gave him was to walk on the track; he looked and listened with perfect amazement when told that his ticket allowed him to get on the train—body and bundles—and be carried all the way he wanted to go. My friends, the Lord has given us a ticket that we can travel on through this world. You don't have to say Methodist prayers, or even Protestant pray-

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ers; nor are Catholic or Jewish prayers excluded. The ticket of the Divine promises is offered to all; the angels are looking down upon us from heaven and that guardian angel of yours and mine looks at us with wonder that we do not use the ticket, but insist on carrying our burdens on our own backs. Monstrous pity for any of us to be saying "I choose to carry my own load." And some of you, whose old homes are far from Philadelphia, probably thinking, as I speak, of the dear Christian mother and the little Bible she gave you, that you brought along with you, but scarcely ever read. How strange it all is that we cut out independently of the Heavenly Father to bear our own loads, when He loves us and wants us to succeed much more than any earthly parent can.

I am afraid you are saying this speech is a serious operation. Well, I will keep the rest of this and stop with some lines I love, of that dear old lovable Quaker, John G. Whittier, who never soured in the long course of years, but at the end of his life kept brightly burning the fires of love in his heart, and sang out an experience that I hope will be yours, also, members of the faculty, graduating nurses, and students of medicine:—

Far off and faint as the echoes of a dream
The songs of boyhood seem.
Yet on our autumn boughs, unflown with spring,
The evening thrushes sing.

The hour draws near, howe'er delayed and late,
When at the eternal gate
We leave the words and works we call our own,
And lift void hands alone

For love to fill. Our nakedness of soul
Brings to that gate no toll.
Giftless, we come to him who all things gives,
And live because he lives.

Good-night to the commencement exercises, and good-morning to those who now enter upon a new day of life. Whatever dream you have had,—dear women, so brave, true, and strong,—every one of your friends that sit about you here to-night, whatever you call out as your best wish, we will take our pencils and multiply it all four times, so eager and earnest is it our wish to help you to the largest and the best success. I take my leave of you each, saluting you with the confidence in your victory. Life is not a chance: it is a great, fine, beautiful thing. You have it in your keeping. I am glad that you step out from so high a stepping-stone as this helpful college, that has given you its best wisdom, experience, and introduction to life's realities. All these officials close up about you to-night, saying: "If there is any blessing in the Medico-Chi.; if there is any blessing in the friendship of your old faculty; if there is any blessing in the friends that surround you, every one of us earnestly pass it on to you." And if sometimes your eyes grow heavy and your hearts sink, as is not uncommon on the voyage of life, let the sight of these faces so full of friendliness, true friends from the chief executive of the city down to the humblest janitor and helper of the college, come back to shine upon you again and again to strengthen your hearts and steady your steps to do the work that lies before you.

A sacred burden is this life ye bear:
Look upon it, lift it, bear it solemnly;
Stand up and walk beneath it steadfastly.
Falter not for sorrow, fail not for sin;
But onward! upward! till the goal you win.

(Applause.)

Miss Margaret W. Ayers, in well-chosen words, on behalf of the graduates thanked Mr. Wanamaker for his address.

D. Sanders then rendered a mandolin solo.

Dr. Ernest Laplace:

Mr. Chairman: The Ladies' Aid Association of the Medico-Chirurgical Hospital has kindly awarded a prize to the ladies,—"Practical Points on Nursing,"—to each and every member of the graduating class, which I now distribute. To her who has

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sustained the highest average in examination,—Miss Mary C. Considine,—the medal is awarded.

It is with regret that I have to announce to the audience this evening that we are about to part with our Directress of Nurses, Mrs. Katharine A. Taylor, who has been called to another field of labor; and in view of her severing her official relations with us the Board of Trustees have passed the following resolutions and have ordered them to be engrossed; and we present them to Mrs. Taylor on this occasion. The resolutions read as follows:—

"*Medico-Chirurgical Hospital of Philadelphia, Training-school for Nurses*:

"The Board of Trustees have received, with regret, the resignation of Mrs. Katharine A. Taylor from her position of Directress of the Training-school for Nurses. During her incumbency of the office she has, by her efficiency and devotion to duty, done much to develop the school to greater scope and usefulness. In accepting her resignation the best wishes of the Hospital follow her to her new field of labor.

"(Signed)
"John V. Shoemaker, M.D.,
"W. Easterly Ashton, M.D.,
"Ernest Laplace, M.D., Chairman."

I take great pleasure, Mrs. Taylor, on behalf of the Board of Trustees, to present to you the resolution, which has the date engrossed for this occasion. (Applause.)

The college orchestra then rendered J. Strauss's "Village Swallows' Dance."

The benediction was then pronounced as follows: The blessed Lord, Almighty Father, Son, and Holy Ghost be amongst you and remain with you always. Amen.

THE CHAIRMAN: This brings the exercises to the closing and the end; and it brings also with it the dawn of a new day,—an era in the lives of these graduates,—and I know that from your hearts, as well as others, will come the choicest blessings, the greatest hopes, the highest ambitions, the greatest health, and the highest commendations to all your efforts, and the honor that the community can give.

Clinical Lecture.

SOME CARDIAC AND GASTRIC DISEASES.[1]

BY PROF. J. M. ANDERS, M.D., LL.D.,

Professor of the Practice of Medicine and of Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

CASE I. ACUTE GASTRIC CATARRH.

GENTLEMEN: The first patient that I bring to your notice is a male, white, aged 45; previous occupation, orderly in a hospital. The family history is negative so far as can be determined, his parents having died of some unknown disease while he was yet very young. He himself had the usual diseases of childhood, and in early adolescence suffered from several malarial attacks (number unknown) at irregular intervals.

On August 28, 1898, on awakening in the morning, he was aware of a bitter taste in the mouth and severe pain and tenderness in the epigastric region. These symptoms abated somewhat by the thirtieth of September, when he was seized with a marked indisposition; there was a return of the flat, bitter taste in the mouth and pain in the epigastrium, which, at first dull, soon increased in severity. A little later he was seized with a chill, followed by fever and profuse sweating and then by nausea and vomiting. The vomitus consisted of a mucous liquid, with some undigested food-particles. This occurred on the night of October first, when he was admitted to the hospital. These symptoms led the patient to believe that he had another attack of malaria.

[1] **A clinical lecture delivered at the Medico-Chirurgical College on October 7, 1898. Reported by Frank Thomas Woodbury, M.D.**

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The blood was examined for the *Plasmodium malariæ*, with negative results.

The symptoms presented can all be accounted for by the presence of an acute gastric catarrh.

Acute gastric catarrh may be predisposed to by malaria, gout, rheumatism, and chronic nephritis; it may be excited by errors of diet, alcoholism, or anything that disturbs the digestive function. Chronic catarrh of the stomach may lead to acute exacerbations.

In this case there had been a few mild attacks of acute indigestion previously, and we have a history of malaria and of bad hygienic surroundings as probable causative factors. On palpation I find tenderness over the epigastrium and some enlargement of the spleen.

Our diagnosis here rests principally upon the following grouping of symptoms, viz.: headache; bitter, flat taste; pain in epigastrium, nausea and vomiting, and epigastric tenderness, as well the results of an analysis of the gastric contents after the usual Ewald test-meal, which showed the absence of free HCl.

This condition is sometimes mistaken for typhoid fever, but the absence of prodromes, of the rose spots, the Widal reaction, and the peculiar temperature-curve eliminates that affection. In children it has been mistaken for tubercular meningitis, owing to the prominence of headache and vomiting; but the shorter duration in acute gastric catarrh and the history will eliminate meningitis. When attended with a rash in children it has been mistaken for scarlet fever, but is easily differentiated by the absence of angina, desquamation, and the peculiar tense, rapid pulse.

The prognosis is generally good, but when secondary it depends upon the nature of the primary affection.

The treatment is simple, and divisible into dietetic, hygienic, and medicinal.

In this case we gave an emetic followed by lavage and then calomel, 1 grain, in broken doses, with bicarbonate of soda:—

℞ Hydrargyri chloridi mitis, gr. j.
Sodii bicarbonatis, gr. xviij.

M. et fiat chartæ numero vi.

His diet has been, first, milk with the addition of lime-water, gradually adding soft food—as milk-toast, soft-boiled eggs, etc. In addition to the above remedies I shall order the following:—

℞ Acidi nitrohydrochlorici, *m*ii-iv.

M. Sig.: After each meal, well diluted.

We have also instituted lavage two or three times a week, and during convalescence shall advise a daily walk in pleasant weather of about two miles.

Case II. Gastric Ulcer.

The next patient that I bring before you is a male, white, married, aged 57, by occupation a tailor. The family history is negative in its practical bearing, both parents having died during his early youth. He himself had the usual diseases of childhood, and since then has had slight attacks of hæmorrhoids, for which he, however, never sought treatment. He continued in good general health up to a year ago, the beginning of his present trouble, when there developed a mild gastric disturbance (nausea, and ill-defined pain, particularly after eating). These symptoms increased in severity until he was compelled to seek admission to the hospital, four days ago.

On admission he complained of dull pain in the epigastrium, with paroxysmal exacerbations. Shortly after admission he was seized with hæmatemesis during the night. The blood vomited was clotted and the clots were dark, mixed with food, and of an acid reaction. This symptom (hæmatemesis) is of marked diagnostic importance. A second form of pain of which he complains is severe, gnawing in character, and situated just below the ensiform cartilage, becoming more agonizing about five to eight minutes after taking nourishment, and continuing until digestion has been accomplished or the contents of the stomach are emitted. He also has parox-

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ysms of pain independently of the time of taking food. I would here call your attention to the fact that a sharp lancinating pain, differing in character from that complained of in this case, points to perforation and peritonitis.

In this case the stomach-contents were tested by the Güntzburg reagent, and the result showed 2 per cent. HCl present, this being a characteristic excess.

We base our diagnosis of gastric ulcer, then, upon the character and time of the pain (immediately after eating), the hæmatemesis, the hyperchlorhydria, and the history and long duration of the trouble.

The prognosis is guardedly favorable; the liability to complications must, however, be borne in mind, although fatal hæmorrhage, perforation, and peritonitis, or empyema, are not to be expected here, as a rule.

The differential diagnosis between peptic ulcer and gastralgia is to be considered and drawn in cases like the present. Peptic ulcer gives a history of certain confining occupations, as tailoring, shoemaking, and the like; of blood-impairment and heart diseases. The pain is localized, comes on at a definite period after eating, and is increased on pressure; hæmatemesis is present in 50 per cent. of the cases and hyperacidity always, and the health is considerably affected.

In gastralgia there is a history of nervous affections, the pain is more often present when the stomach is empty, there is no tender pressure-spot, but pressure often relieves the pain. Hæmatemesis and hyperacidity are absent. It is common in women at or about the menopause.

In carcinoma—which is also to be eliminated—a mass is sometimes palpable, hydrochloric acid is diminished or absent, while lactic acid is present. The pain in carcinoma is radiating, and is but little affected by food; there is marked indigestion, cachexia, and a comparatively short duration (about a year). It does not improve on treatment.

The treatment of gastric ulcer requires absolute rest and careful restriction of the diet. If possible, rectal feeding should be resorted to and carried out for a time. The blandest diet—particularly predigested liquid food—is to be used until considerable improvement has taken place.

This patient is at present taking 6 ounces, every three hours during the day, of pancreatized milk and bovinin, and, although the condition is beginning to yield to our remedies, it is alternated with rectal feeding, as the following:—

℞ Pancreatized milk, ℥iv-vj.
Bovinin, ℥ii-iv.
Laudanum, *m*v.

M. Sig.: As an enema.

In addition, as medicinal treatment for the local condition, I have ordered the following:—

℞ Argenti nitratis, gr. $^1/_6$.
Extracti hyoscyami, gr. $^1/_4$.

M. et ft. pil. No. j.
Sig.: One hour after feeding.

After hæmatemesis liquor potassii arsenitis in small doses is an excellent hæmatinic, and chloroform, *m*x in water, is equally serviceable for pain. Hydrocyanic acid, oxalate of cerium, or bromide of potassium may also be used sometimes with good effect, particularly if nausea be prominent.

Case III. Mitral Stenosis, with Secondary Gastric Ulcer.

The next case I bring before you is a woman, married, aged 24, by occupation a housewife. Her family history is negative. She developed chorea at the age of twelve, and since then has been subject to light attacks of rheumatism. Three years ago, after childbirth, and since then, she has experienced severe attacks of abdominal pain. You may remember a former case with similar pains following pregnancy and labor, in which the diagnosis of hepatic colic was made. This is not a case of cholelithiasis, however, as we have no jaundice

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nor signs of shock, and the pain is to the left of the median line and high up in the epigastrium. It is aggravated by eating. The patient complains of a pulsating tumor in the abdomen, but none is palpable. There is no discoverable trouble with the pelvic organs. An abdominal aneurism might be confounded with this condition, but it is usually pretty high up, is much more painful, and the patient's sufferings are more constant. The aneurism may press backward and excite a gnawing, boring pain from erosion of vertebra, and then a tingling and other nerve symptoms from pressure on the cord may be induced. These latter symptoms are, however, absent in the case before you. Again, an aneurism may grow forward, giving, apart from pains, an expansile beat (felt in the grasp), with marked pulsations, and a thrill on palpation; these features are also absent in this case.

On deep palpation no growth is to be felt, but a tender, circumscribed spot in the epigastrium. The pulse of the femoral artery should be delayed and diminished in aneurism; but it is not so here. There is tympany over the localized tender area, muffled in character. On auscultation there is no murmur audible.

The pulsation disappears on assuming the knee-chest position; hence aneurism may be excluded; and the cause is probably an infiltrated gastric ulcer.

The diagnosis rests upon the gastric symptoms pointed out in connection with the previous case; their long duration, with history of predisposing affections: chorea and mitral stenosis. I have observed a considerable number of cases in which gastric ulcer arose secondary to mitral stenosis.

This case is not one of nervous gastralgia, because food and localized pressure give pain. The heart's condition is of some interest here. The area of dullness is increased slightly in the upward direction and to the right. A short thrill followed by a sharp systolic shock is felt on palpation. Percussion shows dullness as high as third rib to the right of the sternum, showing an hypertrophy of right chambers. Over the fourth interspace to the left of the sternum auscultation gives a short, presystolic murmur of low tone, variable, and not transmitted far in any direction. The diagnosis of mitral stenosis is easily made on the history of chorea and rheumatism, the symptom dyspnœa (followed by gastric trouble), and the physical signs.

The treatment is similar to that of the case previously shown, with the addition of heart-tonics.

Case IV. Mitral Regurgitation Complicated with Chronic Diabetes Mellitus.

Our last case presents the following history. He is 32 years old, married, by occupation a foreman. His mother died of abdominal tuberculosis. Patient had had children's diseases, and at the age of eleven had an attack of acute rheumatism, which was repeated six or seven years ago. Four years since his physician discovered diabetes mellitus with 1 per cent. of sugar and mitral regurgitation. In the spring he moved into town and stayed until August, when the glycosuria disappeared, but the heart affection persisted.

He presents himself to us now with a new subjective symptom: that of extreme shortness of breath. He also has a hacking, dry cough and palpitation of the heart on active exertion. There is at present no glycosuria, and this apparent cure was the result of an appropriate diet. This is interesting, as the patient is, and has been, thin in flesh; hence could scarcely be said to have had lipogenic glycosuria, or diabetes. The symptoms at present point to a mitral regurgitation, particularly the dyspnœa, unproductive cough, and the physical signs (dilatation of both ventricles; a systolic murmur, most pronounced at apex; and an accentuation of the pulmonary artery second sound).

Mitral regurgitation is an imperfect closure of the left auriculo-ventricular valves.

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In this case there had occurred several attacks of acute articular rheumatism, which is often associated with acute endocarditis: an important etiological factor in mitral regurgitation.

Hæmoptysis occurred in this case, and is a rather favorable sign, as it serves to relieve the pulmonary congestion due to backward stasis from the mitral lesion. We do not have here, as yet, tricuspid regurgitation, but it supervenes finally, in this disease.

This lesion is a disease of young adults usually. We cannot positively eliminate a tricuspid regurgitant murmur, as it is synchronous with, and easily hidden by, the mitral murmur. There is here no venous pulsation: a certain indication that tricuspid regurgitation is not present.

The prognosis in these cases is guardedly favorable. The treatment is, up to the time of failure of compensation, purely hygienic. In the first place, whenever the occupation of the patient bears a causative relation, it must be abandoned. Gentle exercise in the open air is to be encouraged and advised. The diet should consist of readily-digested albuminous articles, as milk, eggs, light forms of meat, and stewed fruits. The bowels should be unloaded daily. Medication should not be resorted to until tricuspid regurgitation occurs, except anæmia be pronounced, when hæmatinics may be prescribed. Our patient, however, does not require them.

Original Communication.

DIET IN LITHÆMIA.

By A. B. Conklin, M.D.

With those who, like the philosopher of old, "eat to live, instead of living to eat," the taking of food is for the purpose of maintaining the nutrition of the body-tissues and securing the functional activity of every organ and part.

While this can be done more or less perfectly with a great variety of foods, yet observation and experiment have demonstrated that, any article of food or combination of foods, to accomplish this end, must contain both albuminous and carbonaceous constituents in something like definite proportions.

Though these proportions may be varied somewhat in different latitudes, and in different individuals under different conditions of environment, yet it is accepted as a general rule that an ideal diet should contain about seven parts of carbonaceous constituents to one of albuminous, the former to supply heat to the body, the latter to furnish force, energy, strength, and endurance.

Again, since the preservation of life, and the maintenance of physiological integrity come only from the ingestion of food, selected with the proper regard for its composition, it follows that any material deviation from this standard of requirement must result in those functional perversions and tissue-changes we call disease.

Inversely it follows that, while in health food serves the one purpose of maintaining life, we find in many pathological conditions, and especially such as have arisen from an improper diet, that much may be accomplished in restoring the normal conditions by a proper selection of food.

In the management of lithæmic cases, which are due to a greater extent to improper food than to any other cause, a proper diet is of paramount importance.

The diet of the lithæmic resolves itself into: (1) the taking of the necessary amount of albuminous and carbonaceous foods to properly nourish the body, and (2) the selection of such albuminous foods as are most easily digested, most perfectly assimilated and converted into urea, and leave behind the least amount of uric acid.

Because an albuminous food readily undergoes gastric digestion, it does not necessarily follow that assimilation will be perfect, or that its nitrogenous elements will undergo complete metabolism into urea; hence the problem of selecting the most

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eligible albuminous food is not solved by the measure of its digestibility.

Rare roast beef, for instance, which is digested in three hours, is not as readily assimilated and as perfectly metabolized into urea as the albuminous constituents of wheaten bread that requires one-half hour longer to digest.

Furthermore, if we may accept the late teachings of Haig on diet, the amount of uric acid resulting from the ingestion of a given amount of albuminous food from animal origin is greater than that resulting from a like amount of albumins from a vegetable source.

Since the deductions he has drawn from his studies in physiological chemistry are in keeping with the results of my own observation, I shall, in my endeavor to map out a diet for lithæmic patients, merely reiterate what I have said many times during the past ten years, viz.: that meat is not a suitable food for the lithæmic.

While lard and the other animal fats are products of animal tissue, it is not necessary to consider them in connection with a lithæmic diet, for the reason that they are carbonaceous instead of albuminous, and probably have no direct influence upon the elaboration of uric acid.

Another animal food, however, which must not be overlooked, is milk and milk products. A consideration of butter and cream may be omitted as we have done with lard, and for the same reason. Not so with cheese. It is about one-third albuminous matter, and, if used at all, should be used very guardedly. It should be taken only in small amounts at any one time, thoroughly masticated and distributed throughout an entire meal of less concentrated foods, like vegetables, cereals, and fruits. In extreme cases it may be positively contra-indicated.

Another form of animal food to be considered is eggs, with a percentage of albumin almost equal that of lean beef, and showing a digestibility of one and a half hours raw, whipped, and three and a half hours fried or hard boiled.

Except in cases where the uric-acid accumulation is already great, raw eggs whipped in milk may be permitted; but fried or hard boiled, never.

Coming now to purely vegetable foods, it may be said that almost without exception they are suited to the lithæmic, and may be selected with much variety, ever keeping in mind their percentage of albuminous constituents and limiting the use of such as are most highly nitrogenous.

Pease, beans, and lentils, because they contain the largest percentage of albumins of all the vegetable foods, should be taken, if at all, but sparingly, and in the same manner and with the same circumspection with which cheese may be taken. All other vegetable foods, including fruits, may be included in the dietary of the lithæmic, as a rule.

The vegetable foods which in some cases may have an unpleasant effect are the pulses and cereals, which tend, like meats, by their acids and acid salts, to keep up the acidity of the urine.

In most cases milk, with whole-wheat bread thoroughly baked, rice, oatmeal, barleymeal, ryemeal, and fruits will constitute an ideal diet.

The vegetables and fruits may be selected according to the tastes and digestive powers of the patient, and the percentage of albuminous and carbonaceous constituents as shown by the following table:—

FOOD-TABLE.

No diet, however carefully selected, would fully meet the requirements of the lithæmic which did not contain as carefully a selected list of drinks as of foods.

Alcohol meets no need of the lithæmic. All spirituous liquors, beer, ale, and sour wines should be strictly denied him.

Tea, coffee, cocoa, and other similar alkaloid-bearing substances are not suitable for a lithæmic, and should not be permitted.

Water; milk and the various drinks made from it; fruit-juices, clear or with water; caramel cereal, and other brands of roasted

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cereals will furnish an ample variety of wholesome and harmless drinks.

A bright, sparkling cider, not too old, and made from sound fruit, is often an advantageous drink for the lithæmic.

The proverbial after-dinner cigar should go the way of the alcoholics.

NUTRITIVE VALUE OF FOODS IN 100 PARTS.

Meats.	Albuminous.	Carbonaceous.
Cheese	33.0	37.0
Poultry	21.0	3.8
Lean beef	19.3	3.6
Lean mutton	18.3	4.9
Whitefish	18.1	2.9
Entire egg	18.0	10.5
Veal	16.5	15.8
Salmon	16.1	5.5
Pork	9.8	48.9
New milk	4.1	9.1
Cream	2.7	29.5
Pulses.		
Beans	30.8	50.2
Lentils	25.2	58.6
Pease	23.8	60.8
Cereals.		
Oatmeal	12.6	69.4
Indian meal	11.1	73.2
Whole-wheat flour	10.8	72.5
Bread	8.1	52.6
Ryemeal	8.0	75.2
Rice	6.3	80.2
Barleymeal	6.3	76.7
Vegetables.		
Potato	2.1	22.2
Sweet-potato	1.5	27.5
Beet	1.5	11.3
Carrot	1.3	14.7
Turnip	1.2	7.2
Parsnip	1.1	15.9
Cabbage	0.9	4.1
Sugar	...	95.0
Fruits.		
Date	9.0	58.0
Banana	4.8	20.2
Cherry	0.9	15.3
Grape	0.8	14.3
Raspberry	0.5	6.4
Blackberry	0.5	5.8
Currant	0.4	5.0
Gooseberry	0.4	8.9
Peach	0.4	7.8
Strawberry	0.3	7.1
Apple	0.2	10.3
Pear	0.2	10.2
Plum	0.2	9.3

Therapeutic Notes.

Chloral-hydrate in Nervous Dyspepsia.

Rosenbach declares that chloral-hydrate in proper doses is the ideal remedy in insomnia, irritability of the cardiac nervous system, mental strain, etc. He thinks that the dose in general use is too high. He recommends that the initial dose should not exceed 6 grains. Chloral-hydrate is also of value in asthma of dyspeptic origin, and likewise in other difficulties dependent upon nervous dyspepsia without marked modification of the secretory or motor functions of the stomach.

Gastric excitability, accompanied by diarrhœa, exaggerated peristalsis, and stasis of the contents of the stomach due to spasm of the pylorus are decidedly benefited by the use of chloral-hydrate, which the author, after much experience, prescribes in the following manner:—

℞ Chloralis hydrati, 1 gramme (gr. xv).
Aquæ, 5 grammes (℥i¼).

Of this solution 12 to 24 drops are given in half a glassful of water one or two hours after a meal, thrice daily.—Giornale Internaz. delle Scienze Mediche.

Phenalgin.

Acute gastritis caused by the excessive use of alcohol may be effectively treated by phenalgin in 10-grain doses. This coal-tar

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product is especially indicated in cases where cardiac depressants must be carefully avoided. Dr. J. A. Hofheimer found phenalgin useful in all cases where pain was a prominent symptom, acting particularly well in rheumatic and neurotic cases. It has also antipyretic powers, and in malaria, alone or combined with small doses of quinine, it shortens or aborts the paroxysm. It has hypnotic and anodyne properties, and may be usefully substituted for opium, as it leaves no bad after-effects and engenders no habit.—New York Medical Journal; Post-graduate.

Eka-iodoform.

Eka-iodoform is a chemically-pure iodoform, sterilized by the addition of 0.05 per cent. of polymerized formaldehyde. This preparation appears to possess the advantages without the defects of iodoform. Applied in the form of powder upon accidental or operative wounds, abscesses, carious bone, etc., it has been found by a number of observers who have recorded their experience to be of decided value.

Kresamin.

Kresamin is a simple derivative of trikresol with ethylenediamine, containing equal parts of both constituents. The disinfectant action and depth of action of the former is increased by the addition of the latter compound. Kresamin is a colorless, watery fluid with a characteristic phenolic odor.

Dr. Heinrich Eckstein, of Breslau, in an experimental and clinical paper published in the Therapeutische Monatshefte concludes that kresamin is a disinfectant of high value; that its disinfectant action upon the tissues and its powers of penetration are very marked; that it is very useful in many affections of the skin, especially in the treatment of eczema, of pustular and abscess-forming dermatites, sycosis, leg ulcers; and especially in lupoid surfaces of the extremities after operative procedures. Kresamin may be employed as a salve or a plaster-muslin, but is best used in solution, as a bath or as a wet dressing.

Pneumonia.

In the clearing-up stages Tuffs recommends:—

℞ Eucalyptol, *m*xlv.
Ammonii iodid., ʒiiss.
Vini picis liq.,
Syrupi Tolutani, of each, ʒj.

M. Sig.: One teaspoonful in water every three to four hours.

Caution: Avoid ammonium iodide if phthisis be developing.—Jour. Amer. Med. Asso.

A New Local-Anæsthetic Solution.

In the Medical Record Dr. G. F. Lydston speaks approvingly of the virtues of a 10-per-cent. solution of antipyrine in a 1-per-cent. solution of carbolic acid. It was employed in this solution with satisfaction in meatotomy and urethrotomy. Its styptic effect is not followed by vascular relaxation and hæmorrhage.

Rheumatism Mixture.

A formula of the Pittsburgh Free Dispensary is:—

℞ Sodii salicylatis, ʒss.
Potassii iodidi, ʒj.
Methylis salicylatis, fʒj.
Extracti cimicifugæ fluidi, fʒij.
Alcoholis, fʒss.
Aquæ, q. s. ad fʒiij.

M. Sig.: A teaspoonful three times a day.—Pennsylvania Medical Journal.

Chronic Malaria.

Writing of the "Fevers of Southside Virginia," Dr. Henry C. Beckett, of Scottsburg, Va., in the Virginia Medical Semi-

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monthly, says: "In chronic malaria I succeed best with 'Warburg's Tincture,' given freely, or a pill like the following:—

"℞ Strych. sulph., gr. iij.
Acid. arsenos., gr. v.
Ferri reduct., 3ij.
Quininæ sulph., 3ij.
Aloes soc., gr. ℈j.

"M. et ft. pil. No. c.

"Sig.: One pill every four hours.

"This is a most excellent combination for malaria complicated with pregnancy, where large doses of quinine could not safely be used, and also for a large class of patients who have an idiosyncrasy against the use of quinine proper."

Acute Articular Rheumatism.

The following formulæ are from the Journal of the American Medical Association:—

℞ Potassii acetatis, ℥ij.
Acidi salicylici, 3iv.
Syrupi limonis, ℥ij.
Aquæ menthæ pip., ℥viij.

M. Sig.: Tablespoonful every three hours.

℞ Sodii salicylatis, 3iss.
Sodii phosphatis, 3ij.
Sodii bicarbonatis, 3ij.
Aquæ menthæ viridis, ℥iv.

M. Sig.: Tablespoonful every four hours.

℞ Antipyrini, 3ij.
Sodii salicylatis, 3iij.
Ammonii bromidi, 3iv.
Aquæ cinnamomi, ℥iij.

M. This prescription is recommended by Eshner in acute and subacute rheumatism in which considerable involvement of the muscles and great pain exist. It should be given in teaspoonful doses every three or four hours.

S. Solis-Cohen recommends the following in the acute form and in those predisposed to anæmia:—

℞ Sodii salicylatis, 3iv.
Tinct. ferri chloridi, 3iv.
Acidi citrici, gr. x.
Glycerini, ℥ss-iss.
Olei gaultheriæ, *m*x-xxx.
Liq. ammon. cit. (B. P.), q. s. ad ℥iv.

M. Sig.: Dessertspoonful every two, three, four, or six hours.

The following prescription may be employed for the same condition:—

℞ Acidi salicylici, gr. x-xx.
Ferri pyrophosphatis, gr. v.
Sodii phosphatis (crys.), gr. l.
Aquæ, ℥ss.

M. Sig.: At a dose.

℞ Lithii benzoatis, 3ss.
Sodii bromidi,
Potassii carbonatis (pura), of each, 3ij.
Potassii acetatis, ℥iss.
Sodii phosphatis, ℥ss.
Syrupi zingiberis,
Aquæ menthæ pip., of each, ad ℥vj.

M. Sig.: Two teaspoonfuls to a tablespoonful in a half-glass of water, every four or six hours, after food.

Hydrastis Canadensis in Hæmoptysis.

According to Dr. Sabadini, Scarpa prescribes the following:—

℞ Fluid extract of hydrastis Canadensis,
Tincture of hydrastis Canadensis, of each, 225 grains.

M. From 20 to 50 drops to be taken three times daily. When the hæmoptysis is arrested the treatment should be continued for two or three days, and the dose then rapidly reduced to cessation.

Should obstinate cough prevent the hæmostatic effect, morphine or codeine should be added, in the following proportions: To the foregoing prescription add from 4 1/2 to 7 1/2 grains of codeine, or from 2 1/4 to 4 1/2 grains of morphine. The same dose should be given as before.

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Scarpa insists on the necessity of the preparation's being fresh.—New York Medical Journal.

Epilepsy.

For epilepsy, Professor Brower, taking into consideration the intestinal and nutritive disorders usually, if not always, accompanying this disease, orders:—

1. ℞ Salol, 3j.
   Ft. capsulæ No. xxx.
   Sig.: One before each meal.

2. ℞ Sodii iodidi, 3iiss.
   Sodii bromidi, ℥j.
   Tr. adonis vernalis, 3iv.
   Aquæ menth. viridis, ℥iv.
   M. Sig.: Teaspoonful after each meal.

3. ℞ Pil. cathar. comp. (U. S. P.), No. x.
   Sig.: One at bed-time.

Urethral Inflammation and Ovarian Pain.

E. A. Ferrea, of San Francisco, Cal., contributes the following formula to the Medical Summary as one which has given satisfactory results:—

℞ Potass. citrate, 5j.
Sodii bicarb., 3ij.
Fld. ext. buchu, 3iv.
Fld. ext. corn-silk, 3iij.
Fld. ext. henbane, 3j.
Fld. ext. saw palmetto, 3iij.
Decoct. dog-grass, ad ℥viij.

M. Sig.: Tablespoonful every three or four hours.—Jour. Amer. Med. Asso.

Ointment for Hæmorrhoids.

Nehigan prescribes the following ointment for hæmorrhoids:—

℞ Compound tincture of camphor, 3j.
Camphor, 3j.
Belladonna ointment, 3xv.

M. Sig.: To be applied directly to the painful part.—Pacific Medical Journal.

Gonorrhœal Epididymitis.

In addition to local applications and rest in bed, the following internally is recommended in the Medical Fortnightly:—

℞ Tr. pulsatillæ, gtt. xlviij.
Syr. zingiberis, ℥j.
Aq., q. s. ad ℥iij.

M. Sig.: A teaspoonful every hour or two.

Anæmia.

A correspondent of the Medical Summary writes that he has often prescribed, with generally good results in cases of anæmia, or where a general so-called tonic seemed indicated or something to tone the system:—

℞ Quinine mur., 5ss.
Ammon. chlor., 5iss.
Tr. ferri chlor., 5ij.
Syrup et aqua, of each, q. s. ad ℥iv.

M. Sig.: Two teaspoonfuls in water four times a day.

℞ Ferri et ammon. cit., 5j.
Potass. citratis, 5ij.
Liq. potass. arsen., 5j.
Tr. nucis vom., 5ij.
Tr. cinchon. comp., ℥iv.

M. Sig.: Teaspoonful in water after meals.

℞ Tr. ferri chlor., 5iss.
Ammon. chlor., ℥ss.
Ac. nit. hydrochlor. dil., ℥j.
Hydrarg. chlor. corros., gr. j.
Syr. zingiberis, q. s. 5vj.

M. Sig.: Teaspoonful in water three times a day.

Ipecac in Metrorrhagia.

The fact that small doses of ipecac have a favorable influence in arresting and preventing hæmoptysis induced Onimus to apply the same treatment to metrorrhagia, and he recently announced at the Paris Société de Biologie that he had found it re-

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markably effective.—Journal Amer. Med. Association.

Syphilis.

Dr. J. D. Thomas, in the International Medical Magazine, says that where there is considerable malaise and anæmia he prescribes:—

℞ Hydrarg. protiodid., gr. v-x.
Strych. sulph., gr. ss.
Ferri sulph., gr. xx.
Pepsin. pulv., gr. xl.
M. Ft. in capsul. No. xx.
Sig.: One capsule after each meal.

Neurasthenia.

In a paper on "Headache of Ocular and Nasal Origin," in the Medical Sentinel, Dr. John A. Donovan, of Butte, Montana, says:—

"For the neurasthenic condition, as a tonic I prefer strychnine sulphate, $^1/_{16}$ or $^1/_{20}$ grain before meals, and after meals give:—

"℞ Corrosive sublimate, gr. $^1/_{32}$.
Phosphoric acid (U. S. P.), *m*iv.
Fowler's solution, *m*iij.
Tinct. iron, *m*x.
Syrup of lemon, q. s. ad 3j.

"Applications of cold water with friction with palm of hand to chest, abdomen, and back daily is very stimulating. Full warm bath at bed-time for sleeplessness, followed by brisk, cold rubbing."

Peronin: a New Local Anæsthetic for the Eye.

Quaita has tried the effect of a 5-percent. solution of peronin (chlorhydrate of benzolic ether of morphine) as a local anæsthetic in the eyes of thirty healthy adults. At first it causes a pretty severe burning sensation, which, however, soon passes off, and is followed in three or four minutes by well-marked anæsthesia, lasting for nine or ten minutes. Peronin has no action on the diameter or mobility of the pupil, nor on the accommodation, visual acuity, or eye-tension. The corneal epithelium was never affected nor infiltrated, as may happen after cocaine. The great disadvantage of peronin as an ophthalmic anæsthetic is that it causes rather intense vascular injection, with lacrymatous and serous chemosis. The author suggests that it may be more useful than cocaine in enucleation or evisceration of the globe, as it produces a deeper anæsthesia, and the increased vascularity does not matter in this case.—British Medical Journal.

Care of the Hands.

In order to keep the hands smooth, Dr. F. S. Caspar, of Austin, Tex., recommends in the Texas Medical Journal:—

℞ Ol. rosæ, gtt. xv.
Glycerin, 3j.
Spirit of myrciæ, f3iij.
Ol. cajuputi, gtt. xx.

M. Sig.: To be used on the hands every night before retiring, and before going out in the cold air in the morning.

Menthol and Orthoform in Laryngeal Tuberculosis.

Freudenthal recommends the following mixture for allaying the pain:—

℞ Menthol, 150 grains.
Orthoform, 188 grains.
Oil of sweet almonds, 450 grains.
Yelks of eggs, No. 2.
Distilled water, enough to make 1500 grains.

M. The fauces and the rima glottidis are first anæsthetized with cocaine, and then a little of the emulsion is applied within the larynx. The soothing effect is said to be far greater than that of orthoform alone.—New York Medical Journal.

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THE

Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Jan., 1900.

ACUTE NECROSIS OF THE TEMPORAL ZONE FOLLOWING SCARLATINA COMPLICATED WITH DIPHTHERIA.

THE characteristic throat trouble of scarlet fever not infrequently extends to the middle ear. A considerable proportion of partial or total deafness originates in an attack of scarlatina. It is incumbent upon the general practitioner to watch the throat and the ears in this disease with the same assiduity with which he follows the course of the fever and studies the urine. Some cases of unusual aural difficulty consecutive to severe and complicated cases of scarlatina have recently been reported to the Physiological Society of Kiel by Dr. Hermann.[1] The author bases his paper upon cases which had fallen under his observation. The first was that of a child, 8 years of age, who had suffered for eighteen days with diphtheritic scarlatina. The child was then attacked by pain behind the left ear. The mastoid process was somewhat sensitive, but there was no retro-auricular swelling nor depression of the upper wall of the meatus. The membrana tympani was perforated in its postero-inferior segment. The perforation was large enough to permit the escape of pus, although not much suppuration had yet occurred. The thermometric curve seemed to exclude the possibility of the retention of pus. The temperature had not, in fact, risen above 38° C. (100.4° F.). The only significant feature was the paralysis of the abductor muscles of the left side: a manifestation which had been present for two days. As the fundus of the eye was normal, the writer at first proposed a conservative treatment.

On the succeeding day the temperature attained 39.5° C. (103.16° F.). There was a slight swelling behind the ear. An operation was performed on the next day. There was no pus beneath the periosteum of the mastoid, but the bone presented in places a greenish-gray color, opposed a very slight resistance to the instrument, and was poorly supplied with blood. There were disseminated foci of necrosis. A few drops of pus were found in the antrum, and some pale, spongy granulations existed in the antrum and the mastoid cells. The necrotic portions of bone were removed. The immediate result was good. The temperature returned to the normal and the paralysis progressively diminished. At the end of ten days a rise of temperature again occurred. After removal of the dressings the large opening in the bone was found surrounded by an area of necrosis. The patient complained of pain in the back of the head; on the next day meningitis supervened, and the child died eight days afterward.

A similar train of events occurred in a victim of epidemic scarlatina. The child suffered from scarlatina and diphtheria. The author remarked that this epidemic was attended by an unusual number of auricular complications. In the two, however, which form the foundation of his paper the manifestations were the most severe. The child, 3 1/2 years of age, had been ill for fourteen days with scarlatina and diphtheria. The auricular complications, accompanied by an elevation of temperature, had been present but for a few days. The little patient appeared to be completely deaf. Both membranæ tympani were totally destroyed, and there was an

[1] "De la necrose aigué de l'apophyse mastoide et du rocher à la suite de la scarlatine compliquée de diphtérie." Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie, 21 Octobre, 1899.

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abundant fœtid secretion from each meatus. Both submastoid regions, especially the right, were very red, œdematous, and extremely sensitive to pressure. The postero-superior wall of the meatus was depressed; there was no fluctuation in the mastoid region. The pus escaped without the slightest obstruction. There could be no question of retention.

An operation was performed on the following day. Both sides were in much the same condition, but upon the left, where the swelling was least, the destruction was much deeper. Both mastoid processes were greenish gray throughout and entirely destitute of blood. All the necrotic portions were, as far as possible, removed, and both transverse sinuses and the dura mater exposed for a considerable extent upon the right side until bleeding bone was encountered. No pus was found anywhere. There were some spongy granulations in the cavities. The result was excellent. On the following day the fever disappeared. At the date of report it was impossible to determine whether the hearing was affected or not, but, at any rate, the child perceived sounds and recognized its name when called, etc.

The author, furthermore, exhibited a specimen from a third case, and offered it as illustrating the conditions present in those which he had described. This specimen he owed to the courtesy of a colleague, Dr. Heller, and was taken from a patient, 4 years of age, who had likewise been the victim of scarlatinal diphtheria. Seventeen days before death he began to complain of pain in the ears. Spontaneous perforation was produced, and a small quantity of pus escaped from each ear. Eight days before death the child was attacked by chills, and the temperature every day rose above 40° C. (104° F.). Deafness was complete. Both mastoid regions were sensitive to pressure, but were not swollen. The course of the case was suggestive of pyæmia, but no pyæmic metastases were observed unless one should consider as such the severe bronchitis which was the cause of death and which might be regarded as a pulmonary metastasis. Unfortunately, a post-mortem examination of the head only could be obtained. The findings of the partial autopsy were as follow: The surface of the brain was slightly involved at points corresponding to the roof of the tympanum, but no pus was in that situation, although, as could be ascertained after removal of the dura mater, the aspect of which was normal, the roof of the left tympanum was perforated and communicated with a cavity full of pus and granulations. The two petrous bones were of a gray color, while the exterior of the bony meatus was black. The bone was fragile and the disease had invaded the interior of the petrous portion of both temporal bones. The osseous substance presented numerous cavities filled with granulations and pus. The sinuses of the dura mater were free and their walls intact.

The author draws from these cases the following conclusions: In the course of scarlatinal diphtheria acute necrosis of the mastoid and petrous processes may occur, with complete destruction of the bone. Surgical intervention may be undertaken with some prospect of success. Operation is indicated when, in the absence of all signs of retention of pus, retro-auricular pains supervene, accompanied by very active febrile movement.

METHYLENE-BLUE AS AN HYPNOTIC.

WITHIN the last few years many new agents have been introduced for their supposed hypnotic power. Some of these have been tried and found wanting; some are possessed of properties which render them unsafe, and their virtues are more than counterbalanced by their defects. A few have run the gauntlet and have obtained general recognition as of service, at least in certain cases or conditions. Some of the newer remedies have been especially ex-

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tolled as of value in the treatment of insomnia in the insane. Agents which have power to control restlessness and produce sleep in this unfortunate class of patients are undoubtedly much to be desired. One of the latest candidates for service in this branch of practice is methylene-blue, and we have been much interested in reading a report on this drug by Drs. Vallon and Wahl, respectively physician and interne in the Asylum of Villejuif.[1]

It is well known, as the authors state, that the insomnia of the insane not infrequently proves extremely rebellious to every remedy employed. The action of opium upon the brain causes it to be contra-indicated in general paralysis: a disease in the course of which congestive accidents are habitual. Dr. Bodoni, studying by means of methylene-blue the permeability of the kidneys of insane patients in the service of Dr. Morselli, Professor of Clinical Psychiatry in the Faculty of Medicine of Genoa, was led to believe that the drug possessed the power of allaying excitement in this class of subjects. He observed a rapid effect following intramuscular injections of this substance, and employed it in a large number of cases. He stated that its more or less decided sedative influence sometimes lasted for several days in all forms of alienation accompanied by excitement and delirium. According to Dr. Bodoni, 0.10 centigramme may be used without drawbacks in the manner indicated. The authors of the communication which we follow, encouraged by the report of their Italian *confrêre,* determined to employ methylene-blue in patients under their care. Since, however, intramuscular injections are attended by so many difficulties among the insane, they administered the drug in capsules, each containing 0.25 centigramme (nearly 4 grains). The writers selected a number of individuals who presented in common the symptom of insomnia with agitation, but dependent upon different mental maladies. One 4-grain capsule was given two hours after the evening meal and a second an hour and a half later.

The frequent failure of drugs of established reputation renders the search for new agents perfectly justifiable. Clinical experiments are prompted by the hope that an agent shall be found which shall be at once efficacious, reliable, and safe.

Drs. Vallon and Wahl give, in their paper, short accounts of six patients who were subjected to this treatment. The first was a man, 40 years of age, who exhibited all the classical signs of general paralysis, who was agitated and sleepless, and in whom many hypnotics had been tried without effect. In this patient methylene-blue produced little or no appreciable improvement. A second man had for six years been afflicted with the same malady, slept but little, was noisy, restless, and kept the other patients awake. The usual remedies had been prescribed in vain. For the first two nights he slept well after taking methylene-blue, but thereafter he obtained little rest. His clothing, bedclothing, and person became stained with blue urine. The virtues of the drug were more than outweighed by its disadvantages, and the remedy was abandoned. A third patient, 48 years of age, was a violent maniac, who tore his clothes, threatened and struck his comrades and caretakers, and scarcely slept at all. The nightly administration of methylene-blue was followed by quiet sleep during the greater part of the night for a week, but at the end of this period the man obstinately refused to take the medicine. The drug had no influence in relieving the excitement by day. A fourth patient, 30 years of age, was an extremely violent maniac, with mystical ideas and hallucinations. His excitement resisted all medication. He cried and gesticulated all the day and all the night. The administration of methylene-blue caused him to sleep well

[1] "Le bleu de methylene comme hypnotique." Par MM. les Drs. Ch. Vallon, médecin de l'asile de Villejuif, et Wahl, interne de l'asile de Villejuif. Le Progrès Médical, 21 Octobre, 1899.

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for a week, but it had no effect whatever in rendering him quiet during the day. At the end of the week he developed ideas of persecution, exclaimed that he was being poisoned by a new drug which turned his urine blue, and threatened to be revenged upon the doctor. It was necessary to abandon the medicine. The fifth was another violent case. A young man tore his clothing, struck his fellow-patients, cried, sang, and gesticulated. He slept little, but after being placed upon methylene-blue he rested well for eighteen nights. The agitation persisted without change during the day. A sixth man was violent and noisy both day and night. For two weeks methylene-blue caused him to sleep most of each night, but had no influence upon his condition during the waking hours. This patient amused himself by decorating the walls of his room with arabesques of blue urine.

The deductions drawn from this experience, somewhat limited, it must be confessed, are as follow: In the two victims of general paralysis it was necessary to relinquish the use of the remedy because the urine, passed involuntarily, stained everything with which it came in contact, and had, withal, no beneficial effect. Among the maniacal patients one only reaped much advantage from the new remedy.

The time in which the substance was eliminated varied considerably in the six patients. Removal was most slow in the general paralytics, in one of whom the urine remained blue for eight and in the other for ten days. In the remaining subjects of experiment the urine retained a blue color for three or four days.

Methylene-blue has been known to possess antiperiodic and analgesic properties, but its disadvantages as a medicament offset its power. The report of the writers we have quoted is far from encouraging in respect to the influence of the agent as an hypnotic.

Medical News and Miscellany.

New York Post-graduate School and Hospital.—Drs. R. T. Morris and S. Lloyd have been appointed Professors of Surgery and Dr. Max Einhorn Professor of Medicine in the above institution.

Retirement of an Editor.—With the close of 1899 Dr. Floyd M. Crandall retired from the editorship of the Archives of Pediatrics on account of the growing demands of private practice and the conviction that his physical strength is no longer equal to both burdens. We are sorry to miss Dr. Crandall from the position which he has so ably filled. Dr. Crandall is succeeded by Dr. Walter Lester Carr.

Golden Anniversary of the Kentucky School of Medicine. — On the second of January of the present year began the golden anniversary of the Kentucky School of Medicine, which was organized as the lineal descendant of the Transylvania. On that evening a reception was given to the students, alumni, and the medical profession. Valuable additions have been made to the hospital and college, and the faculty has been increased by the election of many excellent teachers.

Obituary.—Dr. Henry Hodgen Mudd, of St. Louis, recently died of cardiac trouble following influenza. He was born in Illinois in 1844, and was graduated from the St. Louis Medical College in 1866. Dr. Mudd was a nephew of the celebrated John T. Hodgen, with whom he was associated and whom he succeeded. Dr. Mudd was a very successful teacher and practitioner, and a man of fine personal character.

Dr. Albert Fricke, of Philadelphia, departed this life at the age of 87 years. He was graduated from the medical department of the University of Pennsylvania in 1834, and in earlier years was connected with both the Pennsylvania and German Hospitals.

Dr. Luther Dana Woodbridge, Professor

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of Anatomy and Physiology in Williams College, is dead at the age of 49. He was a graduate of the New York College of Physicians and Surgeons. He had been a professor in Williams since 1884, and also lectured in the Boston College of Physicians and Surgeons on the nervous system and its diseases.

Dr. Charles Inslee Pardee, of New York, died suddenly at his home. He was a graduate of the New York University Medical School in the Class of 1860. Dr. Pardee was for many years dean of his *alma mater*.

We grieve to chronicle the demise of Mrs. Martha Park, wife of Roswell Park, of Buffalo. Dr. Park has our sincere sympathies in his loss.

Dr. Samuel Ketch recently departed this life at his home in New York City. The deceased was a native of New York, a graduate of the Bellevue Hospital Medical College in the class of 1875, an orthopædic surgeon of repute, an active member of the American Orthopædic Association, of which he was once the president, one of the surgeons to the New York Orthopædic Dispensary, and orthopædic surgeon to the Montefiore Home.

Mr. W. I. Wheeler, an ex-president of the Dublin Royal College of Surgeons, fell a victim of an attack of typhoid fever. He had served in the British army and after his resignation became a leading surgeon of Dublin.

Professor Puschmann, who taught the History of Medicine in the University of Vienna, died lately in his fifty-sixth year from a long-standing disease of the kidney. Dr. Puschmann was known the world over as an earnest student of professional history. He was an admirable scholar and had been a great traveler. Professor Puschmann always derived his material from the original records. He is best known for his translation of the works of Alexander of Tralles from the Greek into German.

Gilbert White's History of Selborne.—Certain books are like Nature. One questions them as little as one criticises the beauty of the sunrise. Who cannot make out a list of such works? Have not many of them, arrayed in youth, come down the centuries to greet us? Are not the "Arabian Nights," "The Pilgrim's Progress," "Robinson Crusoe," "Gulliver's Travels," "The Vicar of Wakefield," Walton's "Complete Angler," and many more? Some are very old; some belong to our times; but all of them bear upon them the stamp of immortality. That Gilbert White's "Natural History of Selborne" belongs to the elect no one will deny who has in any way followed the career of that famous book. To go to Selborne, this quaint Hampshire village, as it were, to make a pilgrimage to the past; so interwoven are its traditions, and even the aspect of its quaint lanes and cottages, with the memory of its greatest son. If it is cruelly rumored that Selborne did not know how great White was until after his death, is not the world full of Selbornes? Now it reveres his memory, and every nook and cranny connected with his placid life is proudly pointed out. Indeed, heroic, but vain, attempts have been made to refresh the memories of ancient cottagers, with a view to discover slumbering reminiscences of the good curate. If it be added that Gilbert White had a distinct aversion from the thought of having his portrait painted, and that there is no picture of him, it will be seen that—apart from a life-like description—there is just a chance that his personality may fade away like an old daguerrotype.—Mrs. John Lane, in the "New Lippincott" for October.

Skeleton Sketch Calendar.—By the courtesy of The Antikamnia Company we are in receipt of the fourth set of their series of these calendars, with their weird, but interesting and ingenious, designs. This company has been uniformly successful in the many unique articles which they have issued from time to time as souvenirs. The present calendar will be found a fit companion to its predecessors

This company has recently added to its list two effective combinations, known, re-

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spectively, as the antikamnia laxative tablets and the antikamnia and quinine laxative tablets.

Coblentz's "Newer Remedies."—We are pleased to acknowledge the receipt from Messrs. McKesson & Robbins of a copy of the third edition of Professor Coblentz's well-known work. This book is a tabulation of the many new remedies which have been introduced or recommended, to the bewilderment, often, of the reader of current medical literature. In this book all these substances are briefly described, their chemical composition, sources, doses, properties, tests, incompatibilities, etc., are given, constituting a most excellent and reliable reference manual for physicians, pharmacists, and students.

Maternity Hospital at Niagara Falls.—Niagara Falls is soon to be supplied with a maternity hospital, which is to be constructed and presented to the city of Niagara Falls by Benjamin F. Thurston, as a memorial of his wife, who died recently.

Fourth International Congress of Dermatology and Syphilology. — The fourth meeting of the above body will take place at Paris from the second to the ninth of August, 1900. Sessions are to be held in the Hôpital Saint-Louis. As the Thirteenth International Congress of Medicine meets in Paris at the same time the section of dermatology of that association will unite with the Fourth Congress of Dermatology.

The subjects for discussion are as follow:—

In dermatology:—

1. The parasitic origin of eczema. Reporters: MM. Kaposi, of Vienna; Unna, of Hamburg; Jadassohn, of Berne; Galloway, of London; and Brocq, of Paris, assisted by Bodin, of Rennes, and Veillon, of Paris.

2. The tuberculides. Reporters: MM. Boeck, of Christiana; Colcott Fox, of London; Campana, of Rome; G. Riehl, of Leipzig; and J. Darier, of Paris.

3. Alopecia. Reporters: MM. Malcolm Morris, of London; Lassar, of Berlin; Mibelli, of Parma; Pavloff, of St. Petersburg; and Sabouraud, of Paris.

In syphilis and venereal diseases:—

1. Syphilis and associated infections. Reporters: MM. Neisser, of Breslau; Duncan Bulkley, of New York; Ducrey, of Pisa; and Hallopeau, of Paris.

2. The descendants of hereditary syphilitics. Reporters: MM. J. Hutchinson, of London; Tarnowsky, of St. Petersburg; Finger, of Vienna; and L. Jullien, of Paris.

3. Causes of generalized infections in gonorrhœa. Reporters: MM. Taylor, of New York; Lesser, of Berlin; Tommasoli, of Palermo; Lane, of London; and Balzer, of Paris.

Accident from Heroin.—Heroin in dose of $^1/_4$ grain, given by mistake for $^1/_{24}$ grain to an asthmatic patient, was followed by prostration, cyanosis, restlessness, amaurosis, pulse of 40, and feeble heart-action, convulsions of the lower extremities, axillary temperature of 96.6° F., persistent nausea, and a semicomatose condition. Strong coffee was administered and afterward caffeine hypodermically. Good recovery occurred, and subsequent administration of the drug in doses of $^1/_{24}$ grain had no untoward effect.—Medical Record.

Unrecognized Syphilis in an Infant; Infection of the Nurse; Multiple Chancres of the Breasts.—Danlos describes the case of a healthy woman who became wet-nurse to a premature infant eight days old, apparently well. Within three weeks the child showed all the symptoms of a severe congenital syphilis, and died a week later. Eight days after the baby's death the nurse had one chancre on the left breast and twenty-one ulcerating sores, indurated and round, on the right. In the right axilla the lymph-nodes were indolently enlarged. The mouth and genitals were normal, and the woman never had any generalized eruption, but severe headaches at night and malaise. While chancres of the breast

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are usually multiple, it is rare to find them so numerous as in this case. The parents of the baby denied all history of syphilis, but the lesions in both child and nurse were unmistakable.—Archives of Pediatrics.

Apoplectiform Neuritis.—Raymond, in a clinical lecture, gives this title to certain forms of neuritis which seem to come on suddenly. He relates the case of a man, aged 42, who, in lifting a heavy weight, slipped and made a sudden effort to maintain his balance. He felt at the same time a severe pain in the left thigh. For some days afterward the limb was swollen and somewhat cold. Later, when the pain had subsided, he noticed a certain degree of powerlessness, with dragging of the toe on walking. An examination showed paralysis of the extensor muscles, with some atrophy. There was considerable pain along the course of the great sciatic in putting the limb in the fully-extended position. There were also painful points corresponding to the point of emergence of the nerve from the pelvis and over its popliteal situation. The evidence was in favor of a neuritis. The pathogenesis of this form of neuritis is peculiar. It seems to come on under the influence of violent effort, but is not necessarily due to hæmorrhage, and the title given above is not meant to suggest more than the sudden onset. The author states, however, that occasionally hæmorrhage actually does take place, especially as the result of violence. The prognosis in these cases seems to be fairly good, though occasionally recovery is prolonged.—British Medical Journal.

Pennsylvania Hospital. — The medical staff has been increased in number from four to six, and Drs. Frederick A. Packard and J. Alison Scott have been appointed to the new positions.

Association of the Military Surgeons of the United States.—At the eighth annual meeting of the association, held at Kansas City, Mo., the election of officers for the ensuing year resulted in the choice of Colonel C. H. Alden, Assistant Surgeon-General, United States Army, for president. First vice-president, General G. H. Cook, of New Hampshire. Second vice-president, Captain G. N. Woods, Medical Director of the Naval Hospital, Brooklyn. Secretary, Colonel Charles Adams, of Chicago, Ill. Treasurer, Lieutenant H. A. Arnold, Assistant Surgeon of the National Guard of Pennsylvania.

University of California. — Dr. T. W. Huntington has been made Associate Professor of Surgery in the medical department of the University of California.

Hereditary Albuminuria. — This subject has been investigated by Fieux, who has made some interesting observations on the occurrence of albuminuria in children. It would seem that the children of mothers suffering from eclampsia or chronic albuminuria may show this condition from birth, and the author has been able to demonstrate actual lesions in the kidneys post-mortem. In 10 children whose mothers were non-albuminuric 1 only showed traces of albumin, while in 4 whose mothers were eclamptic 3 showed albuminuria, while the mother of the fourth was only very slightly affected. From these cases and many others of the same nature it would seem that albuminuria may be transmitted from the mother to the child, and that this condition in the child may be prolonged considerably over early infantile life, and probably prepares the way for future attacks of serious nephritis in the course of the ordinary diseases of childhood, such as scarlatina, mumps, etc. In the same article Talamon is quoted as holding that a great number of cases of Bright's disease without obvious cause may probably be due to maternal origin. This would explain the occurrence of albuminuria in several children in one family, of which cases have not been infrequently recorded. The same writer suggests that many cases of so-called albuminuria may be hereditary. The importance of the subject is great, and

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should a mother be known to suffer from albuminuria, the children should be carefully examined, and every effort made to prevent the occurrence of scarlet fever or other febrile disorders, as the risk of nephritic complications would, according to the author, be greatly increased.—British Medical Journal.

The Randall's Island Hospitals and Asylums.—Dr. E. L. Cocks has been appointed attending dermatologist to these institutions.

New Hospital in Richmond, Va.—Richmond, Va., is to have one of the largest and best equipped hospitals in the South. It is to cost between $150,000 and $200,000. Dr. George Ben Johnston will be at the head of the medical department.

Phœnixville Medical Association.—The Phœnixville, Pa., Medical Association elected the following officers: President, Dr. F. D. Emac; vice-president, Dr. William B. Wynne; secretary, Dr. E. J. Hadfield; treasurer, Dr. Albert Wenks; censors, Drs. Doran, Shoemaker, and McWhinney.

Dr. Henri Forestier. — Dr. Henri Forestier, physician to the Thermal Establishment, Aix-les-Bains (Savoy), was recently a visitor in Philadelphia.

A Physician of Ancient Armenia.—M. V. Torkomian read before the French Academy of Medicine an article upon an Armenian physician of the twelfth century, named Mekhitar. This physician was very celebrated among his countrymen, but until the present has been unknown to the medical world in general. Mekhitar composed a treatise on fevers, written in the ancient Armenian language, of which it is said that but one copy exists, which is now in the National Library, Paris. The treatise is fairly complete, and contains many original ideas, as well as the views of physicians who preceded him.—Medical Review.

Finsen's Phototherapy.—In the British Journal of Dermatology for November Dr. Stephen Mackenzie gives an account of a visit which he recently paid to the "Light Institute" in Copenhagen, where Finsen's phototherapy, described by his chief assistant, Dr. Valdemar Bie, in the British Medical Journal of September 30th, is carried out. Dr. Mackenzie attended daily at the institute for a week, and was afforded every facility for observing the details of the method and the results of the treatment. Up to the present nearly 400 cases have been treated, the greater number of them during the last two years. Dr. Mackenzie was greatly impressed with the equipment, organization, and administration of Professor Finsen's Mediciniske Lysinstitut, and he formed a very favorable opinion of the value of the treatment in lupus vulgaris. It appeared to him that the mucous membranes were more frequently involved in the Scandinavian cases than in those seen in England, and a large proportion had perforations of the septum nasi. Dr. Mackenzie gathered from Dr. Forchammer, the physician in charge of the clinical department, that the mucous membranes are affected in about 75 per cent. of the cases. The general run of cases seen at Copenhagen was altogether more severe than in Dr. Mackenzie's experience in England, but he adds that it is difficult to be sure that the type of the disease is more severe, as the reputation of the lysinstitut is so great that all the old and uncured cases find their way there. Dr. Mackenzie was led by what he saw to the conclusion that, as compared with treatment by erasion and the application of escharotics, the light treatment yields far better results, and for this reason, that it is selective in its action, killing the bacillary exciters of the granulation tissue, without destroying any tissue, diseased or healthy. The objections to the treatment are: (1) the length of time which it requires, extending to three or four, in some cases to six, eight, or even twelve, months, during which an attendance of one hour a day is necessary; (2) the expense, the apparatus being costly, and a large staff

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of nurses with several medical officers and a practical electrician being necessary. All the patients pay according to their means, from 30 kroner (£1 13s. 3d.) to 70 kroner (£3 18s. 9d.) a month; foreigners pay 100 kroner a month. In spite of the expense, there is an increasing afflux of patients, not only from Denmark, but from the whole of Scandinavia and other parts of Europe. Dr. Mackenzie is convinced that the light treatment is established as a successful method of treating lupus vulgaris, and he has advised the committee of the London Hospital to adopt it. The necessary apparatus has already been given to the hospital by a generous benefactor.—British Medical Journal.

Toronto University Senate.—Dr. James M. MacCallum has been elected to a seat in Toronto University Senate, to fill the vacancy caused by the death of Dr. J. E. Graham.

Bishop's College, Montreal.—Dr. G. H. Mathewson has been appointed Lecturer on Ophthalmology and Otology in the Faculty of Medicine of Bishop's College.

Plant Railway System.—Dr. J. C. Rippard has been appointed chief-surgeon to the Plant Railway System in place of Dr. F. H. Caldwell, who resigned. Dr. Rippard is a resident of Waycross, Ga., where the hospital is located.

University of Southern California.—Dr. C. G. Stivers, formerly of Niagara Falls, Assistant Editor of the Southern California Practitioner, has been appointed Instructor in Physical Diagnosis in the medical department of the University of Southern California, at Los Angeles.

Milwaukee County Hospital,—Dr. E. C. Grosskopf has been elected superintendent of the Milwaukee County Hospital.

Vice-President Hobart's Bequests.—The late Vice-President Hobart's will leaves $5000 to the St. Joseph's Hospital and a like sum to the General Hospital, Paterson, N. J.

Annual Musicale of the Medico-Chirurgical College.—The sixth annual musicale given by the students of the Medico-Chirurgical College was a decidedly interesting event to all who participated, whether as performers or auditors. The Medico-Chirurgical College Orchestra is composed of members of different classes and departments possessed of musical ability. The instruments comprise violins, 'cello, clarionettes, flutes, piccolo, piano, cornets, trombone, and drum. There is also a glee club associated. The orchestra is under the leadership of P. A. Zoelk, of the class of '02. The exercises took place on the evening of December 20, 1899. A large audience was present to testify to their interest in the music, the orchestra, and the institution. The program consisted of sixteen selections in two parts. The musical part of the program was well chosen and well rendered. In addition there was an excellent address by Prof. W. Frank Haehnlen, and humorous and other recitations. The music included both instrumental and vocal performances. Altogether the occasion was one to be long remembered with pleasure, and reflected much credit upon the organizers and performers.

Cincinnati Hospital.—Drs. C. R. Holmes and S. C. Ayres recently resigned from the visiting staff of the above institution and were appointed consulting ophthalmologists.

British Medical Association. — At the next meeting of the above body, commencing July 31, 1900, the address in medicine will be delivered by Dr. Pye-Smith, that on surgery by Mr. Frederick Treves, and that on obstetric medicine by Dr. W. J. Smyly, formerly master of the famous Rotunda Lying-in Hospital, of Dublin.

Western Reserve University.—A chair of Medical Jurisprudence has been endowed in the above institution by H. N. Hanna.

Professor W. W. Keen.—Professor W. W. Keen, of Philadelphia, President of the American Medical Association, will deliver

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the Graduates' Address at the commencement exercises at Rush Medical College, Chicago, July 1, 1900.

Absorption of the Aqueous in the Human Eye.—Benoit and Nuel have injected Chinese ink into the vitreous of two eyes—the one in a child of 5, the other in a man aged 56—a few hours previous to exenteration of the orbit for sarcoma of that region, but not implicating the eye. The anterior chamber very quickly became black. Sections were made and treated with chlorine-water, which, while not affecting the ink, decolorizes the brown pigment of iris, etc. The ink penetrates into the iris through crypts in the anterior surface, and forms a thick layer near its posterior surface. The crypts lie near the pupillary margin and at the root of the iris. There is no sign of the posterior surface of the iris being penetrated. The particles of ink impregnate the vessels in the ciliary body, but are not found in the retina, optic nerve, or choroid. They also penetrate into the cavernous tissue at the sclero-corneal angle, and surround—but do not enter—the canal of Schlemm. The authors conclude that the iris is the part principally concerned in the elimination of the aqueous. Venneman contests this, finding that fluorescin, which is perfectly dialyzable, takes much longer than the ink to traverse the same route, and he will not admit the existence of lymphatic spaces in the iris.—British Medical Journal.

Nose-bleeding as an Early Sign of Softening of the Brain.—Dr. Carl Kompe, in an interesting article appearing in Fraenkel's Archives, points out that spontaneous nose-bleed in individuals above forty years of age, which cannot be traced to one of the well-recognized local causes, is a suspicious sign of general arteriosclerosis, and calls for a consideration of all symptoms of sclerosis of the vessels of the brain. If the ophthalmoscope confirm this, a fairly-positive diagnosis of sclerosis of the brain-vessels may be made; and from it of incipient softening of the brain. The same condition of the vessels of both the parts (the nose and the brain) is likely to exist, since they are branches of the same main artery. Before the first indications of sclerosis of the cerebral vessels appear, sometimes premonitory symptoms are observed, which give warning of the early approach of softening, due to arteriosclerosis. All the early signs of arteriosclerosis at the heart and periphery must be considered, as cardiac hypertrophy, aortic changes, tense radial artery, tortuous temporal arteries, etc. Vierordt had good results in these cases with the iodides combined with hygienic treatment.—Pacific Medical Journal.

New Hospitals.—A new hospital, known as St. Joseph's, has been dedicated at Mankato, Minn.

Ground is soon to be broken for the erection of a hospital in Somerville, N. J.

The Diagnosis of Tumors of the Head of the Pancreas.—Zoja, in an attempt to arrive at certain clinical criteria for the elucidation of the above subject, is driven to the conclusion that, as far as primary carcinoma of the head of the pancreas is concerned, there is no proper or constant symptomatology; the symptoms vary so much according to the position and extension of the tumor. The cases may be divided into three chief types: (1) where the tumor takes a postero-inferior direction, causing compression of the vena cava, implicating the right suprarenal capsule and the retroperitoneal glands; (2) where it takes an upward direction, causing symptoms of occluded bile-duct or of pyloric stenosis; (3) [and perhaps the most common] where development takes place to the right, giving rise to occluded bile-ducts or pancreatic ducts. A complete knowledge of the effects likely to be produced by the occlusion of these ducts is important. As regards individual symptoms, jaundice is by no means constant. The condition of the gall-bladder affords no certain criterion. The changes which occur in the liver are either due to

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metastatic growths or to the effects of prolonged occlusion of bile-ducts. Tumor may be felt; it depends on the situation, etc. Pain is not a constant symptom; melæna or hæmatemesis is a fairly-common termination. The author never observed glycosuria in his cases, and attaches no importance to the search for indican. There is an extensive bibliography.—British Medical Journal.

Injustice to a Well-Known Preparation.—Mariani's wine of coca has been before the profession for thirty-five years. This bare statement is sufficient to stamp it as a reliable and efficient remedy in the class of cases to which it is adapted. It is claimed that preparations purporting to contain coca are in some instances inert. The coca is one of the most volatile of plants. Disappointed with the inefficacy of inferior preparations, some have imputed the fault to the drug itself, and have condemned all makes and the drug as well. The manufacturers of Mariani's wine complain of this sweeping condemnation, which fails to discriminate between high-grade and worthless products. They are at the greatest pains to select only active samples of the plant, and their facilities for producing a solution of uniform excellence are unsurpassed.

The Texas Medical News.—The above journal announces another consolidation, this time with the Southwestern Medical Record, heretofore of Houston, Texas. Within the last two years the News has consolidated with three other journals of the State, and has enlarged its size in proportion.

Paying the Doctor's Fee.—"It is an amazing fact that, of all bills sent to a family, the one of the doctor is in hundreds of families the last one to be paid; and in more cases than it is pleasant to contemplate it is never paid at all," writes Edward Bok, in the October Ladies' Home-Journal. "I have recently gone to the trouble to make some inquiries into this matter, and have been astounded to find that not one-fourth of the bills sent by doctors are paid with anything like promptness. There is a quickening of the conscience—a simple realization of a proper sense of duty—needed in this matter. It is high time, in the case of hundreds of families, that this matter should be brought home to their sense of fairness and justice. And as with them the doctors have for so many years been the last to receive their due in the payment of their bills, it would be only simple justice that hereafter 'the last shall be first.' No worker in the field of human industry deserves better at the hands of the people whom he serves than the doctor, and to pay his fee promptly and cheerfully is the least we can do for the service which he gives us."

Mississippi Valley Medical Association.—The Twenty-fifth Annual Meeting of this great association, held at Chicago, was an unqualified success in every feature. The attendance was large, many new members were received, the papers read were of a high order of excellence, the discussions were of interest, the clinics at the various hospitals were a decided attraction, and the Ladies' Committee provided ample entertainment for the wives and daughters of the members. The Autumn Festival and the ceremonies incidental to laying the cornerstone of the new federal building so nearly corresponded in time with the meeting of the association that many of the visitors were pleased to have the opportunity of remaining in the city for a few days in order to witness these imposing events. It was decided to hold the next meeting in Asheville, N. C. The following officers were elected for the coming year: President, Dr. Harold N. Moyer, of Chicago; first vice-president, Dr. A. H. Cordier, of Kansas City, Mo.; second vice-president, Dr. S. P. Collings, of Hot Springs, Ark.; secretary, Dr. Henry E. Tuley, of Louisville (re-elected); treasurer, Dr. Dudley S. Reynolds, of Louisville (re-elected); Chairman of Committee of Arrangements, Dr. M. H. Fletcher.

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Resignations.—Drs. Joseph P. Tunis and R. S. T. Mitcheson, who have for a long time been assistant demonstrators of anatomy in the University of Pennsylvania, have resigned.

Dr. R. Harvey Reed has resigned the management of the Wyoming General Hospital, of Rock Springs, Wyoming.

King's College, London.—The Council of King's College has appointed Prof. N. I. C. Tirard, M.D., to the Chair of Medicine vacant by the resignation of Prof. I. Burney Yeo, M.D., and Dr. W. A. Turner to be an Assistant Physician at King's College Hospital.

Book Reviews.

A Text-book of Materia Medica, Therapeutics, and Pharmacology. By George Frank Butler, Ph.G., M.D., Professor of Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Medical Department of the University of Illinois, etc. Third Edition, Thoroughly Revised. Philadelphia: W. B. Saunders, 1899. Price, Cloth, $4.00; Sheep or half-morocco, $5.00, net.

We have before us another work which has proved unusually successful. It is a well-written book in which the chief facts relative to the many articles which form our materia medica are clearly presented. In the preparation of the present edition the author has noted the introduction of a number of new remedies or the application of known drugs to novel uses. Certain subjects have received fuller attention, while, on the contrary, unimportant details have been omitted in order that the space might be utilized for new and useful information. The author devotes considerable space to portraying the exact *status* of the animal extracts and serum-therapy.

Professor Butler is an earnest worker, and his experience as a teacher has shown him the needs of the student-class. The third edition proceeds upon the same lines which have brought success to the original issue. A carefully drawn up general and clinical index adds materially to the usefulness of the work.

System of Diseases of the Eye. By American, British, Dutch, French, German, and Spanish Authors. Edited by William F. Norris, A.M., M.D., and Charles A. Oliver, A.M., M.D. Volume IV.—Motor Apparatus; Cornea; Lens; Refraction; Medical Ophthalmology. With 51 Full-Page Plates and 211 Text Illustrations. Philadelphia and London: J. B. Lippincott Company, 1900.

We have called the attention of our readers to the successive numbers of this admirable treatise, and have cordially recognized it as one of the most valuable publications now before the professional public. The volume before us staunchly supports the reputation which its predecessors had gained. Among the contributors to volume iv are Dr. Edmund Landolt, of Paris, France, who writes upon "Anomalies of the Motor Apparatus of the Eyes"; Dr. William Norris, one of the editors of the work, who treats of "Diseases of the Lens"; Dr. Charles A. Oliver, the co-editor, to whom has been assigned the subject of "Ametropia"; Professor Neul, of Liege, who discusses "Diseases of the Cornea." The feature which is noticeable in this volume are the articles upon medical ophthalmology. These constitute, in fact, the greater part of the volume. We have, for instance, a chapter upon "Ocular Lesions Dependent upon Diseases in the Circulatory System," by Professor Haab, of Zurich; "Eye Diseases and Eye Symptoms in their Relation to Organic Diseases of the Brain and Spinal Cord," by Henry R. Swanzey, of Dublin; "Ocular Lesions Dependent upon Disorders of the Secretory and Excretory Organs," by Dr. J. B. Lawford, London; several chapters describing the ocular lesions of various infectious diseases from the pens of Dr. John B. Story,

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of Dublin, and Dr. J. Santos-Fernandez, of Havana; "The Ocular Manifestations of Hysteria," by Dr. M. Parinaud, of Paris; "Eye Affections due to Graves's Disease and Herpes Zoster," by Jonathan Hutchinson, Jr.; "Motor Changes in the Ocular Apparatus," by Dr. Myles Standish, of Boston, etc. Such articles as those which we have cited, as well as others contained in this volume, are of capital importance to the general practitioner, since most, if not all, come first under his supervision, and, indeed, in many instances remain under his care in the absence of any specialist with whom to consult. This is particularly true of the eruptive fevers of childhood. The country practitioner must perforce bear the responsibility unassisted in such cases, and he should, therefore, welcome such a treatise as this, in which he will find his difficulties foreseen and explained. The chapters by Drs. Parinaud and Standish are likewise of special interest from the same stand-point. Almost every practitioner has experienced such examples, and very perplexing they often are. Dr. Standish instances cases of epilepsy, neurasthenia, chorea, and migraine. Of the contributions of the editors to this volume it is enough to say that they are worthy of the high reputation of their authors, both as scientific observers and practiced writers.

Lectures upon the Principles of Surgery. Delivered at the University of Michigan by Charles B. Nancrede, A.M., M.D., LL.D., Professor of Surgery and Clinical Surgery in the University of Michigan, etc. With an Appendix Containing a Résumé of the Principal Views held Concerning Inflammation. By William A. Spitzley, A.B., M.D., Senior Assistant in Surgery in the University of Michigan. Illustrated. Philadelphia: W. B. Saunders, 1899. Price, $2.50 net.

In this book of moderate size Dr. Nancrede expounds the underlying principles of surgery in a logical, lucid manner, which, as far as the nature of the subject permits, simplifies the study. The later doctrines relative to the inflammatory process and its dependence upon microbial activity are set forth with precision. The adoption of the germ-theory of disease has revolutionized the conceptions of the pathology and pathogeny of inflammation, and the new views are very efficiently advocated by the Ann Arbor professor. The sequelæ and consequences of inflammation are explained according to the same principles.

This work strikes a happy medium between a treatise which is too large and elaborate for the undergraduate and one which, on the contrary, is at best a too-concise compend. Then condensation is carried too far, for the bald statements of the text exercise only the memory, and do not train the understanding. It is with the medium-sized book that we should have to do in the work of undergraduate instruction. Principles are all in all, and for this reason the present work, addressed primarily to his classes, will be found an excellent introduction to the knowledge of the principles of surgery as influenced by the modern discoveries and conceptions of the agency of micro-organisms.

Essentials of Physical Diagnosis of the Thorax. By Arthur M. Corwin, A.M., M.D., Instructor of Physical Diagnosis in Rush Medical College, etc. Third Edition, Revised and Enlarged. Philadelphia: W. B. Saunders, 1899. Price, $1.25 net.

The subject of physical diagnosis of the thoracic organs is unquestionably of immense importance. All must imperatively cultivate this art if they are faithfully to perform their duties as medical advisers. In acquiring the rudiments of physical diagnosis the beginner will find this little work of decided value. The writer has simplified his material as far as that could possibly be done. For this labor he deserves the thanks of his students. The work can be recommended.

An Atlas of the Bacteria Pathogenic in Man, with Descriptions of their Morphology

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and Modes of Microscopical Examination. By Samuel G. Shattock, F.R.C.S., Joint Lecturer on Pathology and Bacteriology in St. Thomas's Medical School, London, etc. With an "Introductory Chapter on Bacteriology: its Practical Value to the General Practitioner," by W. Wayne Babcock, M.D., Pathologist to the Kensington Hospital for Women, etc. Sixteen Full-Page Colored Plates. E. B. Treat & Co., New York, 1899. Price, $1.00.

This is an excellent book and is exactly what innumerable physicians desire. After all, most are necessarily and naturally more interested in the organisms which create disease. All those bacteria which have been demonstrated as the causes of specific diseases in the human subject are figured in this atlas and their principal characteristics are described. The plates are beautifully distinct. Dr. Babcock's introductory chapter very clearly indicates the value to the general practitioner of an appreciation of the facts of bacteriology.

Essentials of Diseases of the Skin, Including the Syphilodermata. Arranged in the Form of Questions and Answers. Prepared Especially for Students of Medicine. By Henry W. Stelwagon, M.D., Ph.D., Clinical Professor of Dermatology in the Jefferson Medical College, etc. Price, $1.00 net. Fourth Edition, Thoroughly Revised. Illustrated. Philadelphia: W. B. Saunders, 1899.

Dr. Stelwagon has carefully given the salient symptomatic features of the cutaneous diseases, and has revised the present edition in order that it may be, within its limits, representative of the present state of dermatology. This is No. 2 of Saunders's "Question Compends."

Essentials of Medical Chemistry, Organic and Inorganic. Containing also Questions of Medical Physics, Chemical Philosophy, Analytical Processes, Toxicology, etc. Prepared Especially for Students of Medicine. By Lawrence Wolff, M.D., Demonstrator of Chemistry, Jefferson Medical College, etc. Fifth Edition, Thoroughly Revised. By Smith Ely Jelliffe, M.D., Ph.D., Professor of Pharmacognosy in the College of Pharmacy of the City of New York, etc. Philadelphia: W. B. Saunders, 1899. Price, $1.00 net.

This is No. 4 of Saunders's "Question Compends." It has been among the most acceptable of the series, as the original author succeeded very happily in setting forth the essentials of chemistry within his appointed limits. In the present edition it has not been found necessary to make much alteration in that part of the book relating to inorganic chemistry. The progress of organic and physiological chemistry, however, necessitated considerable modification of the text, and this work has been skillfully done by Dr. Jelliffe.

Essentials of Anatomy, Including the Anatomy of the Viscera. Arranged in the Form of Questions and Answers. Prepared Especially for Students of Medicine. By Charles B. Nancrede, M.D., Professor of Surgery and Clinical Surgery in the University of Michigan, etc. Sixth Edition, Thoroughly Revised. By Frederick J. Brockway, M.D., Assistant Demonstrator of Anatomy in the Columbia University, New York. Philadelphia: W. B. Saunders, 1899. Price, $1.00 net.

In preparing this work, which is No. 3 of Saunders's "Question Compends," Dr. Nancrede sought to incorporate the leading facts of human anatomy, describing structure and relationships in language as concise as was compatible with exactness. He succeeded remarkably well in accomplishing his purpose, and produced a little treatise which was thoroughly reliable within its sphere. Successive editions have not required much alteration. The editor of this issue has added some new matter and made some alterations in the plates.

Christian Science and Common Sense. A Contribution toward a Rational Explanation of the Phenomena of Mental Heal-

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ing. By Oliver Huckel. Baltimore: The Arundel Press, John S. Bridges & Co.

"Christian Science" is not acquainted with common sense. It is a question in the mind of the reviewer whether too much notice is not given to the so-called "Christian Science" by really Christian and scientific people. The title is a misnomer. It is neither Christian nor scientific, and is repudiated alike by the Christian and scientist. As a system, it is a tissue of absurdities, and has no more relation to vital Christianity than has Mormonism. Some of the claims are irreverent, not to say blasphemous. We can agree with the author of these lectures in attributing the "cures" of "Christian Science" to the influence that mental expectancy and fixed ideas undoubtedly, under certain circumstances, exert upon the bodily functions, but it appears to us that, in his desire to be fair and unprejudiced, he has leaned too far in an opposite direction and is too lenient to the delusion, its discoverer (*sic*), and supporters. It is difficult to hold serious argument with ignorance, especially when that is fortified by pecuniary interest. This pretentious system contains the seeds of its own destruction. The worst feature of the scheme is that it is capable of sacrificing the lives of babes and children to a delusion,—honest, it may be, in many cases, but no less a delusion.

Warner's Pocket Medical Dictionary of To-day. Comprising Pronunciation and Defition of 10,000 Essential Words and Terms used in Medicine and Associated Sciences and Tables of Arteries, Nerves, Muscles, etc., Arranged for Convenient Reference. By William R. Warner. Price, 75 cents. Copyright: William R. Warner & Co., Philadelphia, 1898.

The general scope of this compilation is sufficiently indicated by the title. The work is well performed. The definitions are brief and to the point. The tables are full and exact.

Over Three Thousand Questions on Laws of the Human Body, or Physiology. By Prof. J. P. Schmitz, M.D. Published by the Author: San Francisco, California, 1899.

None will deny the importance of a knowledge of physiology. The *brochure* before us contains, as stated in its title, many questions covering the field of physiology and corresponding to the text of a treatise on the subject by the same writer. The answers are found upon the pages referred to by numbers which accompany these questions. Both questions and answers follow the order of the text of the larger work.

The At-One-Ment Between God and Man. Millennial-Dawn Series. Volume V. Watch-tower Bible and Tract Society, Allegheny, Pa., 1899.

This is a long exposition of peculiar views upon the great doctrine of the atonement. The reasonings and conclusions differ from those ordinarily held by the chief Christian denominations. Those of our readers who are interested in such literature will learn from the title-page where to apply for a copy of this work.

Physicians' Manual of the Products of the Laboratories of Parke, Davis & Co., including a Complete Price-list Corrected to September 1, 1899. Press of Parke, Davis & Co., 1899.

In view of the variety and excellence of the products of the great house to which it refers this booklet will be of much importance, especially to those of our number who practice in fields distant from the chief centres and who are obliged to handle their own drugs.

Transactions of the American Orthopedic Association. Thirteenth Session, held at New York, May 31 and June 1 and 2, 1899. Volume XII. Philadelphia: Published by the Association, 1899.

The transactions of this active association are always interesting from the fact that so many important papers are included. For instance, to quote only a few from the list of most excellent communications in the

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volume now before us: "Non-tubercular Infectious Processes in Bone" is the subject chosen by Dr. E. H. Bradford, of Boston. Dr. Joel E. Goldthwait, of Boston, writes upon "Pott's Paraplegia as Affected by the Correction of the Spinal Deformity." "The Joint Infection in Typhoid Fever" is the theme discussed by Dr. Charles W. Wilson, of Montreal. The average standard of the papers is so high that it is perhaps invidious to single out any for special mention. We have simply named a few which attracted our particular attention on account of their subjects.

Text-book of Embryology. By John Clement Heisler, M.D., Professor of Anatomy in the Medico-Chirurgical College of Philadelphia. With 190 Illustrations, 26 of them in Colors. Philadelphia: W. B. Saunders, 925 Walnut Street.

There has been a growing want for a treatise on embryology for the use of students, and the volume before us is one which fulfills this in every sense. The general practitioner, who at times refreshes his memory in anatomy, will find this book an aid in the proper comprehension of the human organism.

The subjects give a connected story of the development of the human body, and in point of briefness—yet completeness and intelligibility—it is far more serviceable than the complex works we have had the pleasure of reading; the many illustrations serve very materially in elucidating the text.

There are eighteen chapters, with a "Tabulated Chronology of Development," the latter embracing eight pages, and is a review of the subject which will commend itself to all its readers.

Dr. Heisler has shown his intimate acquaintance with this subject, there being no lack of thoroughness, and the compactness of facts will insure a successful future. The artistic illustrations and careful bookmaking are also a credit to the publisher and binder.

CURRENT MEDICAL LITERATURE.

The Ohio Medical University Imbroglio. Personal Malice, Jealousy, and Ambition *vs.* The Demands for Higher Standards. Cincinnati: Press of Curts & Jennings.

Studies on Bread and Bread-making. By Harry Snyder, B.S., and L. A. Voorhees, M.A. U. S. Department of Agriculture, Washington, 1899.

The Cold Wave of February, 1899. By Guy Hinsdale, M.D., Philadelphia.

A Visit to the Loomis Sanitarium for Consumptives. By Guy Hinsdale, A.M., M.D., Philadelphia, President of the Pennsylvania Society for the Prevention of Tuberculosis; and Howard S. Anders, A.M., M.D., Philadelphia, Lecturer and Clinical Instructor on Physical Diagnosis in the Medico-Chirurgical College, Visiting Physician to the Samaritan Hospital, etc.

The Technique of the Operation of Celiotomy as Practiced at the University Hospital, and the Report of One Hundred and Forty-one Consecutive Celiotomies Performed at the University and Gynecean Hospitals, with Three Deaths. By Henry D. Beyea, M.D., Philadelphia, Instructor in Gynecology in the University of Pennsylvania; Assistant Gynecologist to the University Hospital; Assistant Surgeon to the Gynecean Hospital.

A Report of Thirteen Cases Showing Partial Reversal in the Visual Fields. By M. W. Zimmerman, M.D., Ophthalmic Surgeon to the Germantown and St. Christopher's Hospitals, Philadelphia.

Some Cases of Toxic Amblyopia, Three of which Show Partial Reversal of the Color-fields. By M. W. Zimmerman, M.D., Ophthalmic Surgeon to the Germantown and St. Christopher's Hospitals, Philadelphia.

Carcinoma of the Duodenum. By Charles D. Aaron, M.D., Detroit, Mich.

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COMMERCIAL NEWS.

The Treatment of Lacerated Cervix.

Dr. G. H. Thompson, of St. Louis (American Journal of Surgery and Gynæcology, September, 1899), reports a case of neglected lacerated cervix with extensive granulating surfaces around the os uteri, in which the following treatment proved successful: After giving a vaginal douche he carefully washed out the uterine cavity, and, taking a strip of plain aseptic gauze, sprinkled it with europhen powder and introduced it into the uterus, cutting off the end which protruded from the os. The granulating surfaces of the laceration were then carefully dusted with the same powder by means of an ordinary powder-blower, and the vagina was packed with the same improvised europhen gauze and absorbent cotton. The daily repetition of these dressings healed the laceration in about three weeks; the endometritis lasted a little longer, but quite speedily got well without the necessity of curettage or a trachelorrhaphy. The author's subsequent experience with europhen convinced him that it was fully equal to iodoform in local therapeutic power, and he now uses it exclusively in his gynæcological work whenever an antiseptic or drying powder is needed, especially in those troublesome inflammatory conditions which constitute so large a proportion of the clientele of the average gynæcologist.

Gynæcological Hints.

Erosion of the os uteri, or granular os, is a quite common condition, and usually yields rapidly to appropriate treatment. After cleansing the vagina and cervix a strong solution of sulphate of copper, nitrate of silver, or some caustic acid should be applied, and after the surface has been again cleansed a Micajah medicated uterine wafer is to be inserted in order to keep the parts in an antiseptic condition and to promote healing. Curetting is sometimes necessary.

Do not rely upon tampons as a means of prolonged application of medicaments to the vaginal and cervical mucous membranes. They are too often a delusion and a snare, acting as a foreign body and producing irritation; besides they are unclean and inconvenient of application. On the other hand, a preparation like Micajah's medicated uterine wafers accomplishes all that a tampon can do and is free from its disadvantages. Owing to its gradual solution, the antiseptic and astringent elements of which it is composed are kept constantly in contact with the diseased mucous membrane, and thus a more permanent effect is induced. Moreover, the wafers can be readily applied and intrusted to the patient.

The addition of antiseptic and astringent drugs to the vaginal douches is of questionable advantage. The main object of the irrigation is to cleanse the mucous membrane, and this can be much better attained by rendering the fluid slightly alkaline. After the irrigation the desired astringent and antiseptic effect can be efficiently secured by the insertion of a Micajah medicated uterine wafer.

Most cases of uterine displacements are too slight to demand operative measures, yet sufficiently troublesome and annoying to call for local treatment. The most logical remedy here is one that will relieve congestion and engorgement, and increase the tone of the relaxed tissues. Micajah's medicated uterine wafers are well adapted for this purpose by reason of their astringent, alterative, and tonic properties.

No greater error can be committed in gynæcological practice than to underestimate the importance of a vaginitis. These cases are usually of gonorrhœal origin, and if not vigorously treated the infection is very liable to spread upward. To prevent this extension the vagina should be flushed out several times daily with copious amounts of hot water, and this followed by

(Continued on Advertising Page 18.)

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an astringent and antiseptic application, such as Micajah's medicated uterine wafers, which, on account of their gradual solution, exert a prolonged effect upon the diseased mucous membrane.

Write for Them.

Have you a case of indigestion, acute or chronic?

If so, write Messrs. William R. Warner & Co., of Philadelphia, for complimentary copy of their book "The Clinical Application of Ingluvin," by John V. Shoemaker, M.D., LL.D., M.A., Professor of Therapeutics in the Medico-Chirurgical College of Philadelphia. It is a very interesting book, and is beautifully printed on coated paper. Messrs. Warner & Co. are also issuing exceedingly interesting booklets—"The Acid Diathesis," "The History of Sugar-Coated Pills" (of course you know that W. R. W. & Co. were the pioneer manufacturers of sugar-coated pills), "A Study of Rheumatism," "A Study of Constipation," etc. Any of them will be sent free upon request. Of course, each of the books will tell you why it is desirable to specify "W. R. W. & Co." when ordering any of the remedies suggested in the booklets, and the reasons are very good ones. Manufacturing, as they do, the highest quality of pharmaceuticals, physicians certainly secure first-class remedies when they specify "William R. Warner & Co."

Nordrach at Home.

Physicians all over the world are now talking and writing about a noted sanitarium in the Black Forest, Switzerland, for the special treatment of consumption, known as the Nordrach cure.

Here Dr. Walthers and his assistants carry out the treatment upon the modern ideas of rest, out-of-door life, proper feeding, and required medication, and the results are wonderfully encouraging: between 70 and 80 per cent. of cures in cases not too long neglected.

What a contrast to the old methods of treatment employed fifty years ago, when nearly every case of consumption ended sooner or later at the grave!

A physician who has lately spent some time in this sanitarium studying these modern methods of treatment says that wonderful results may be obtained at home with the Nordrach cure.

Proper exercise in a pure atmosphere, generous diet—which should include regular doses of Scott's emulsion of codliver-oil, an out-of-door life, and plenty of sleep in rooms with the windows open invariably bring about the desired result.

Too much reliance cannot be placed upon this emulsion of codliver-oil. It contains the best quality of oil in a finely-emulsified condition; it does not separate; and, as it is purely mechanical, no change takes place after bottling. It has great medicinal, as well as food, value, as has been proved many times during the past quarter century.

Scott's emulsion, pure air, rest, and graduated exercise properly adjusted bring about a marked change; strength and vigor return, the tubercle bacilli are expelled, the flesh and appetite regained, and health restored.

Try this treatment on your next case of consumption in the first stages.

The Catarrhal Diathesis.

In catarrhal affections of the various mucous membranes, particularly of the respiratory tract, there exists, not only a relaxed atonic condition of these structures, but an underlying constitutional state of malnutrition. All authorities agree that, in order to eradicate the local pathological conditions, treatment by appropriate systemic remedies is indispensable; the patient's nutrition must be fostered and restored so that a degree of constitutional vigor is attained which antagonizes the catarrhal processes. Gray's glycerin tonic comp. is the remedy *par excellence* in these cases, because it has a twofold action: primarily and chiefly it

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A HYGIENIC LUXURY.

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Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

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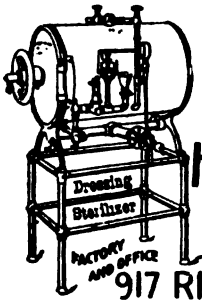

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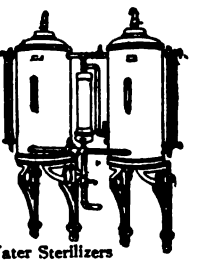

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Elixir Phosphorus Comp.

The difficulty experienced in dispensing Phosphorus in a safe, accurate, and agreeable form has for many years been the greatest drawback to the extensive use of this valuable remedial agent. In this preparation all of these objections have been thoroughly overcome; it is absolutely reliable, non-irritating, and very pleasant to the taste. Each fluidrachm or teaspoonful contains one one-hundredth (1-100) of a grain of Free Phosphorus held in perfect solution and of assured stability, keeping without oxidation or change for any length of time. It may also be combined with other preparations, such as Tinct. Nux Vomica, Tinct. Ignatia Amara, Tinct. Cinchona Comp., Elixir Iron, Quinine, Strychnia, etc. The quantity of Phosphorus in each teaspoonful being assured to the Physician, he can readily prescribe this Elixir with confidence and advantage to the patient.

Prepared by **ROBT. T. YOUNG,** *Apothecary,*

1634 CHESTNUT ST., PHILA.

Professor Shoemaker says: "In medicinal doses the action of Phosphorus upon the nervous system is that of a tonic and stimulant. It is useful in nervous debility, neuralgia, sexual excesses, anæmia, paralysis, melancholia, morphinomania, rickets, boils, acne, eczema."—*Vide Materia Medica and Therapeutics*, vol. ii, pp. 8–10.

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overcomes malnutrition; it re-establishes normal nutrition by eradicating the ever-present atonic condition of the digestive organs, thus assuring the maintenance of normal digestion and assimilation of food. Restoration of tone and nervous force to the entire system, and incidentally to the mucous membrane, is a natural sequence. Gray's glycerin tonic comp. has, moreover, a direct local antiphlogistic and tonic influence upon the disordered circulation of the mucous membranes; it relieves engorgement and restores tone to the relaxed atonic blood-vessels. This remedy will prove effective in obstinate and recurrent catarrhal affections of the respiratory and gastro-intestinal tracts which have resisted all other treatment.

Gargle and Spray.

"As a gargle and spray for the throat infected with streptococci or true diphtheria bacilli in children old enough to avoid swallowing, I frequently use Platt's chlorides, 1 part, to 20 of water."—T. C. Ely, M.D., Philadelphia, December 1, 1899.

Menthoxol as a Germicidal Dressing.

Since in practice it is virtually impossible to sterilize living tissues and to maintain them so, it must become the earnest endeavor of the surgeon to attain a continuous destruction of the germs which may be present and an absolute prevention of the introduction of new ones. This is readily and best accomplished by the use of a germicidal dressing consisting of sterile gauze wet with a 10-per-cent. solution of menthoxol, which, while not at all irritant or toxic, acts as a continuous and powerful germicide. The combination of hydrogen peroxide, alcohol, and menthol evolves a bactericidal power much exceeding that of the sum of the ingredients. Dr. Beck, of the Charité, at Berlin, reports most favorably as to the results obtained with this preparation, which was used to irrigate and tampon abscess-cavities and as a wet dressing for wound surfaces. Not only was suppuration effectively prevented, but the formation of healthy granulations was stimulated, thus inducing rapid healing. The stability and uniform activity of the preparation are obviously most commendable features.

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(Continued on Advertising Page 24.)

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THE

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Clinical Lectures.

VARICELLA.—PEMPHIGUS.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

CASE I. VARICELLA.

GENTLEMEN: The first case which I have to show you this morning is interesting from the point of diagnosis. It differs in essential respects from most of those which we meet in this arena. The patient is a little boy, 10 years of age, who exhibits a rash upon his breast and forearms. The eruption has been present for four days. It began upon the forearms in the form of small, red spots, which soon developed also upon the arms and eventually upon all parts of the body. I find traces of it, for instance, upon the scalp. In the mouth are small, superficially-ulcerated spots. The rash has annoyed the child much by its itching.

Upon the small, red spots with which the disease began vesicles soon developed. These remained without change for two or three days, when their contents dried up, either with or without rupture. The act of scratching generally caused the vesicles to burst, and in this way have originated the small scabs which I perceive scattered upon various parts.

The boy appeared to be in the best of health until the eruption made its advent. Even at the present time he does not seem to suffer constitutionally, although the tongue is somewhat coated, has red borders, and its papillæ are unusually distinct. Small vesicles exist at the corners of the mouth. There is, however, some fever. The temperature to-day is 100 $^{3}/_{5}$° F.

The chief points of the history are the sudden outbreak of a vesicular eruption, with little or no apparent illness, but with a temperature two degrees above the normal. The rash is essentially of a vesicular character.

We may take it for granted, gentlemen, as the mother can throw no light upon this point, that the temperature has been above the normal from the beginning, since the disease is now evidently on the decline, as is evidenced by the drying up of the vesicles, and the absence of any fresh crop of lesions and of local or constitutional complication which would explain a febrile temperature.

The prevalence of fever for four days at once sets this case apart from those which we generally see in this room. It is true that the fever has been so slight that it had passed unremarked by the parent, and the child walked into the amphitheatre. When her attention is called to the matter, the mother now tells me that the boy

[1] Delivered in the amphitheatre of the Medico-Chirurgical Hospital.

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has seemed somewhat fretful and has eaten less than usual, but she had not thought him particularly ill, and, in fact, brings him here that she may know the significance of the eruption. The cases which generally constitute our clinical service are entirely devoid of fever. The association of vesicles with a continuous fever of mild character in a young child and the absence of marked constitutional illness is denotive of an eruptive fever known as varicella, or chicken-pox. This disease is so prevalent and so mild, as a rule, that many of the little patients are never brought to a doctor, and the malady is chiefly noticed because it runs through a family, school, or neighborhood, and, again, in some instances, when small-pox is also raging in a community, parents become very anxious in the matter of early diagnosis.

Chicken-pox generally occurs before the tenth year of life. If noted carefully, slight fever will usually be found present for a day or a day and a half before the exanthem appears. As has been elicited in this history, the rash at first consists of small and rose-colored spots, but these within twenty-four hours or thereabouts take on the anatomical structure of vesicles. The fluid within the vesicles is clear or yellowish serum, of a neutral or alkaline reaction. They endure for about three days, when they begin to dry up, and the fluid is transformed into yellowish or brownish crusts.

All the vesicles are developed by the second day and commence to desiccate on the third day. The marks of the pocks usually fade entirely, but exceptionally a few permanent cicatrices are left. The whole course of the disease is about a week.

It is important in these exanthems to be aware of the length of the incubation-period. In chicken-pox this stage is given as from eight to eighteen days.

The diagnosis of chicken-pox is not generally difficult. In measles the rash consists of rather large papules of a crescentic outline, appears upon the face on the fourth day of the disease, and is accompanied by decided catarrhal manifestations. The eruption of varioloid comes out upon the third day, and generally upon the face; is at first papular, next becomes vesicular, and finally pustular. In varicella there are no pustules.

The eruption of chicken-pox, as a rule, begins upon the chest or abdomen. This case is exceptional in that the rash was first perceived upon the forearms. The disease spreads by contagion, and usually prevails as an epidemic, though sporadic cases also occur. As a rule, the symptoms are mild, though in rare instances serious manifestations have been present.

The treatment is simple. Patients should be kept in the house and the diet should be limited to bread, milk, and fruit.

If there is much headache we administer a saline laxative and tincture of aconite or gelsemium in proportioned doses. In the case now before us there has been some constipation. I shall therefore order for the child:—

℞ Hydrargyri chloridi mitis, gr. $^1/_{10}$.
Sodii bicarbonatis, gr. j.—M.

One such powder shall be given every two hours until the bowels act, after which it shall be continued thrice daily until recovery is complete.

The evolution and the presence of the rash may be attended by considerable itching, and this has happened to the boy now in our midst. The mother tells me that this symptom still annoys the child. When this is the fact, we may very properly order some remedy or combination in order to relieve the distress. In this instance I shall prescribe:—

℞ Hydrargyri chloridi corrosivi, gr. j.
Chloralis hydrati, gr. xx.
Aquæ rosæ,
Aquæ destillatæ, of each, ℥ij.

M. Sig.: For external use according to directions.

Case II. Pemphigus.

Our second patient is a man, 42 years of age, who has been afflicted for five

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months with a rash upon both legs. According to his description, the disease began in the form of red "lumps" of moderate size. These lumps were isolated, and were at first situated near each ankle and over the tendo Achillis. In the latter locality spots of pigmentation are now to be seen. Over the right inner malleolus there is an elliptical red spot, upon which I discern an elevation of the cuticle and the presence of fluid between that layer and the true skin, or corium. In other words, we can witness the beginning development of bullæ; that is to say, collections of serum too large to be classed as vesicles, or vesiculæ. Bullæ, also termed blebs, constitute one of the primary lesions of disease of the skin. It is indispensable that in approaching a case of skin disease we should aim to identify the primary lesion, for on that identification the diagnosis largely depends. Skin diseases have been called a difficult and perplexing department of medicine. We may, indeed, sometimes feel puzzled to analyze the complex picture of a certain case, to separate that which is primary from that which is secondary, the characteristic from the accidental, so to speak; but in analyzing the parts we are guided by a knowledge of the nature of the lesions and of the affections in which they may occur. In the neighborhood of the bullæ there is some incrustation. On the inner side of the left leg is a small ulcer.

The patient has never before suffered from any disease of the kind, and he is totally ignorant of its cause.

Bullæ occur in the course of several local or constitutional diseases of the integument. I have had before you several cases of syphilis which have been thus marked. The bullous syphilide is a sign of tertiary syphilis in the adult and of hereditary infection in the infant. Its crusts are large and thick, being often elevated by successive deposits so as to resemble the stratification of the oyster-shell. They are surrounded by a dark-red or copper-colored areola. They cause ulceration and permanent cicatrices. In this case the crusts are thin, they are not piled upon each other, and they are surrounded by no areola. The subsidence of the lesions is followed by pigmentation, but not by scarring. For these reasons this is not a case of syphilis.

The appearances here might be regarded as suggestive of eczema. Bullæ sometimes form in the course of tetter. In eczema rubrum, especially, we find crusts and scales. In eczema, however, there is decided infiltration, severe itching, but an absence of marked pigmentation. In herpes iris bullæ may be present, but they are of various colors and concentrically arranged. They come and go quickly, and are encircled by an erythematous areola. This description does not apply to the present case. Blebs may form in erysipelas, but the peculiar tint of the erythema of that disease and the constitutional symptoms differ completely from the case in our midst. Scabies, though attended in some instances by bullæ, is differentiated by the history of contagion, together with the existence of burrows and mites. Although we may encounter bullæ in urticaria, yet the abrupt development of wheals and the peculiarly distressing tingling sensations of nettle-rash are totally dissimilar to the events of the disease which we now study.

The distinguishing traits of the case before us are its chronicity, the occurrence of blebs and crusts, together with pigmentation. These are the characteristics of pemphigus, and it is with that disease we now deal.

The bullæ of pemphigus develop individually and are separated by tracts of healthy skin. The first manifestation of the disease is in the form of erythematous spots or wheals. This statement repeats the allusion which I just made to a superficial resemblance between certain cases of pemphigus and urticaria. The stormy, but brief, career of urticaria is, however, very unlike the tardy progress of this case. The "lumps" in which this disease began were doubtless wheals.

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A fundamental division of pemphigus, as of so many other affections, is into acute and chronic. The bullæ of this malady, like the wheals of nettle-rash, vary much in size. Some may be as small as a pea, others as large as a hen's egg. Acute pemphigus differs in several important respects from the chronic form of the affection. The former generally attacks children, may occur in the form of an epidemic, and is often accompanied by marked constitutional symptoms. Chronic pemphigus is more common in the adult. An outbreak may be preceded or accompanied by general manifestations, such as chills, fever, headache, irritability of the stomach, etc. Very often, on the contrary, it develops without any pronounced perturbations of the system. The serum within the blebs is usually light in color, but may be dark or even blood-stained. Itching and burning are often present. There may be but a single bulla or they may be numerous. They are of an oval or circular form unless neighboring lesions have coalesced, in which event they may be of varied configuration. They are tense at first, but the fluid contents gradually become absorbed and the envelope flabby. The lesions occur in successive crops, or eruptions. The life of a single lesion is about a week, or it may be less. Bullæ frequently burst, their contents escape and dry upon the surface, and this is the origin of the crusts. The lesions are followed by pigmentation, as you have witnessed in this example.

The foregoing is a concise description of the form in which pemphigus is generally observed and which is therefore called pemphigus vulgaris. A second, well-defined, clinical variety is denominated pemphigus foliaceus, in allusion, as you will infer, to the predominance of scales. In the latter form the bullæ are flaccid from the beginning; the lesions extend and coalesce until the greater part or the whole of the body is involved. The loosened epidermis hangs in sheets from the raw, underlying surface. The hairs and nails are affected, and serious constitutional implications occur. This form of pemphigus frequently has a fatal termination. At best it is very rebellious to treatment. Indeed, even pemphigus vulgaris may assume a malignant type and end in death.

A third form of pemphigus may be merely mentioned, as it is a rarity anywhere and there is but one reported case in this country, I believe, up to the present time. This is pemphigus vegetans. As the title indicates, it is marked by sprouting vegetations, generally develops in parts of the body particularly attended by warmth and moisture, and always produces death.

The case before us is a typical one of pemphigus vulgaris. The man claims to be in good general health, and a hasty glance might allow this statement to pass unchallenged. Nevertheless, he is unduly nervous and irritable. His appetite is capricious, his tongue is tremulous, his heart is tumultuous and irregular in its action. There is functional disturbance of the nervous system, though there does not appear to be organic disease. In a certain proportion of cases pemphigus arises from a depression of nervous influence. It has been known to follow severe fright. It may develop in consequence of affection of the brain or spinal cord. It sometimes originates after an attack of debilitating fever.

Pemphigus is a comparatively rare malady. Mild cases of the common type, such as the one before us, are curable. In pemphigus foliaceus the prognosis is far less favorable. As a rule, those cases accompanied by the least constitutional involvement furnish the most hopeful outlook.

From what I have said as to the nature and cause of the disease it follows that most cases of pemphigus will require general treatment of a tonic or supporting character. All the hygienic requirements should be satisfied as far as possible. In dealing with the poorer class of patients

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who apply to our clinics we cannot always do all that we would. We are obliged to do the best that we can under existing circumstances. The patient should have repose of body and mind. He should be fed upon plain, but nutritious, food. Malt liquors and oils are advantageous in this affection. The medicines employed should be such as improve the quality of the blood, and promote nutrition in general and that of the nervous system in particular.

Among the most efficient remedies in pemphigus are arsenic, quinine, iron, and strychnine. A combination of arsenic and quinine given by hypodermic injection is highly esteemed. Large doses of potassium chlorate answer an excellent purpose. The mineral acids are useful when there is gastric failure. Constitutional symptoms are to be treated upon general principles.

In the local management of pemphigus the bullæ should be first punctured and the surface then covered with a soothing, slightly astringent and antiseptic dusting-powder, ointment, or lotion. It is often of service to apply an ointment or lotion and over it to dust the medicinal powder. Plain or medicated baths are of undoubted value in the treatment. The water should be warm or tepid, and bran, starch, gelatin, or sodium bicarbonate may be beneficially added to the bath.

Among substances which have proved of avail as topical remedies are zinc carbonate, zinc oleate, witch-hazel, grindelia robusta, lead acetate, potassium chlorate, bismuth, naphthol, salicylic acid, carbolic acid, etc.

Dusting-powders are often the most satisfactory applications to ruptured bullæ. The preliminary use of a salve spread lightly over the surface insures the closer adhesion of a powder. Remember the rule which I have so often given you, and if a combination causes smarting or pain diminish its strength at once. On the contrary, if it seems too weak it can easily be strengthened.

Acting upon the foregoing principles, I shall advise the patient carefully as regards his diet and habits of life. As a medicine to be taken internally I shall order:—

℞ Acidi arseniosi, gr. $^1/_{20}$.
Ferri pyrophosphatis,
Quininæ sulphatis, of each, gr. j.
Strychninæ sulphatis, gr. $^1/_{40}$.
M. et ft. pil. No. j.
Sig.: Let one such pill be taken three times a day.

Locally the following ointment shall be applied:—

℞ Acidi salicylici, gr. x.
Acidi carbolici, *m*xv.
Olei eucalypti, *m*x.
Unguenti plumbi subacetatis, ℥j.
M. Ft. ungt.

OXALURIA.[1]

By George W. Pfromm, M.D.,
Assistant Professor of Therapeutics in the Medico-Chirurgical College of Philadelphia.

Gentlemen: The case of this young man, who is 21 years of age, presents some peculiar and unusual features. It is rather a surgical than a medical case, but inasmuch as it was admitted to our department I bring the patient before you for the purpose of making some remarks upon the medical aspects and the cause of the disease. The man has suffered from cystitis for four or five years. The disease has been of the simpler form, characterized principally by increased frequency of micturition and the passage of a moderate amount of mucus in the urine. It has been destitute of that ropy and glutinous mucous deposit which is so characteristic of the severer varieties of the malady. I need not enter into a description of the symptoms and course of inflammation of the bladder, since that topic is discussed by your teachers of surgery and detailed in your text-books. Suffice it to say that the usual causes of cystitis in a young adult can be

[1] Delivered in the amphitheatre of the Medico-Chirurgical College.

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eliminated. The patient has suffered neither from gonorrhœa nor stricture of the urethra. He is not afflicted with stone in the bladder nor has he been the subject of external injury.

In such a case as this we must certainly study with extreme care the various organs and their functions if we would learn the cause of the difficulty. You can readily conceive the importance of striving to ascertain the cause or causes of any given case, for upon the discovery of the cause the mode of treatment will often depend. A prime object of treatment must ever be the removal, as far as possible, of the source of the malady, since how can we expect decided or permanent improvement if a morbific cause be still operative? If we can succeed in removing a cause we have already gone far toward a cure of the case.

In the absence of ordinary causes of cystitis we turn to examination of the urine for information. A thorough study of this excretion will throw light upon many otherwise obscure pathological conditions. In the present instance the urine is of high specific gravity, of acid reaction, and contains pus-cells, bladder-epithelium, and crystals of calcium oxalate.

In addition, therefore, to the presence of elements which betoken a moderate vesical inflammation we encounter inorganic crystals which, while by no means actual rarities, are yet among the less frequent of urinary deposits. Crystals of calcium oxalate occur in two forms: the octahedral and the dumb-bell. Both forms are comparatively easy of recognition. Crystals of the triple phosphate bear some resemblance to the octahedral oxalate, but if there is any doubt as to the character of the deposit we may apply the chemical test. Acetic acid dissolves the triple phosphate, but has no influence upon calcium oxalate. The dumb-bell shape is much less common than the octahedral, and is distinctive of oxalic acid.

Urine containing oxalic acid may not differ notably from the normal fluid in physical characteristics. It may be a little high in color, but is free from peculiar odor. It is of decidedly-acid reaction unless a calculus is present in the bladder or there is severe cystitis with ammoniacal decomposition of urine and an abundant discharge of ropy, glairy, and alkaline mucus. It is generally of high specific gravity. The oxalate is usually either partially dissolved in the urine or so intimately diffused through the liquid that it does not readily deposit when allowed to stand. Epithelial cells are generally abundant in specimens containing oxalic acid. Again, an excess of uric acid and of urea often co-exist with the occurrence of oxalate crystals. They are derived from the kidney, which separates them from the blood.

At this stage two questions naturally arise: 1. What is the source of oxalic acid in the system? 2. What effect does it produce upon the organs of the body?

A certain quantity of oxalic acid is undoubtedly derived from the food which we consume. Many vegetables—and more particularly rhubarb, sorrel, and tomatoes—contain a large proportion of this acid. After eating freely of the viands mentioned oxalic acid can readily be detected in the urine. In such instances there may be no disturbance of the general health.

In other individuals the article of which we speak is the result of incomplete digestive action. Oxalic acid, like uric acid, is one of the imperfectly-elaborated products that results in the process of digestion or metamorphosis of tissue. The chemical relationship of oxalic to uric acid and the conversion, under certain circumstances, of the latter into the former are interesting and suggestive facts. Oxalic acid exists in the urine under the form of calcium oxalate. Inorganic crystals of this comparatively insoluble compound cannot fail to prove irritant to the tissues with which they are brought into contact. When in abundance these crystals deposit within the tubuli or pelvis of the kidney and originate a renal calculus. Such par-

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ticles, whether aggregated in the form of a stone or not, must inevitably create much irritation by mere mechanical contact. It is well recognized, moreover, that calcium oxalate is peculiarly liable to deposit around a foreign body as a nucleus, and therefore any shred of mucus or clot of blood in the bladder may readily serve as the nucleus of a vesical calculus. This variety of stone in the bladder is particularly obnoxious from the hardness of its main constituent and the roughness of its surface, as it constitutes what is known as the "mulberry calculus." It seems quite reasonable to believe, accordingly, that in a case like the present, where the oxalic acid had nowhere consolidated to form a stone, it should prove a mechanical irritant, as we know that uric acid does, and thus become at least one of the factors in the production of chronic cystitis.

Another exceptional manifestation which we encounter in this young man is enlargement of the prostate gland. He complained of a sensation of obstruction in the rectum, and, upon a digital exploration's being made, we found, to our surprise, a decided enlargement of the organ named. I say "to our surprise," because its occurrence is uncommon at this time of life. In men of fifty-five or more hypertrophy of the prostate is far from uncommon, as you will have already heard. In the latter instance a true glandular hyperplasia takes place.

In such a patient as the one before us, however, I incline to believe that the increase of bulk must be due to chronic inflammation of the organ.

Is it probable that chronic prostatitis as well as chronic cystitis has been produced by the irritation of oxalic acid? Without attempting at the present time to answer the latter query, I must recall to your mind the obstructive effect of enlargement of the prostate upon the passage of urine, and hence upon the condition of the bladder. In order to overcome the obstacle to the exit of its contents the bladder is compelled to contract more strongly than had formerly sufficed to expel the stream, and in consequence the muscular structure of its wall becomes hypertrophied. As, notwithstanding this thickening of the coats, the bladder cannot accomplish its work as perfectly as the unopposed and normal bladder, the viscus does not completely empty itself, and a small quantity of residual urine is constantly left behind to undergo, at length, chemical decomposition, with the development of irritating products which excite inflammation. Thus, the cystitis and the prostatitis may be due to a common cause, while the prostatitis, if of sufficiently long standing, is capable itself of producing cystitis by its influence upon the composition of the urine retained within the bladder.

Irritability of the bladder is commonly observed in those persons who perform much intellectual labor, more especially under circumstances which beget anxiety. The most usual symptoms accompanying the presence of oxalic acid first in the blood and then in the urine are those denotive of the gastro-intestinal disturbances which are at the root of the trouble. In addition to ordinary symptoms of indigestion, depression of spirits is often a marked feature of the case.

In treating such a case, therefore, our chief object must be to counteract the cause by relieving the indigestion and invigorating the glands and organs of the alimentary tract. This we endeavor to accomplish by correcting faulty habits, by encouraging exercise, and by the prescription of digestants, tonics, and laxatives. Massage and electricty are of much service in such cases. In the meantime, however, the patient earnestly demands relief from his bladder trouble. This is a constant source of annoyance and distress to him by day and night.

Much may depend, in a case like this, upon dilution of the urine. The mere ingestion of an abundance of water renders the fluid more bland in character. Remem-

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ber this as a rule: with urine of high specific gravity, either acid or alkaline in reaction, encourage your patient to drink freely of water. The weakened fluid irrigates the bladder. We may advise the use of medicated waters. If the fluid be of acid reaction alkaline waters are beneficial, while when the urine is alkaline the rule is reversed. In the relief of vesical irritability, always a prominent feature of these cases, caffeine hydrobromate in 5-grain doses answers an excellent purpose.

Opium is also a serviceable remedy, although here, as in so many other pathological conditions, we must have before our eyes the fear of inaugurating a habit. It is advisable in such instances to make a trial of cannabis Indica, which is less apt to engender a habit and which has an admirable effect upon the organs of digestion and elimination. This drug, also, is free from any tendency to depress the heart. This patient has been taking 5 grains of salol four times a day for its antiseptic properties. It overcomes a liability to suppuration. It likewise soothes the genito-urinary tract. If the fluid is very alkaline in its reaction, salol is not sufficient to acidify it, and we must then have recourse to a substance more powerful in this direction. One of these is boric acid, which must be given six or seven times a day. The urine must be kept neutral or nearly so, in order to remove a cause of irritation. Benzoic acid, which is eliminated by the urinary tract, is also of service in doses of 10 grains four times a day. The ammonium or the sodium benzoate may be employed instead of the uncombined acid.

ENDOCARDITIS AND AORTITIS DUE TO GONORRHŒA.[1]

By Professor Potain,
PARIS, FRANCE.

I have recently spoken of certain possible consequences of gonorrhœa in relation to a patient who suffered from an attack of pulmonary congestion excited by salpingitis of gonorrhœal origin. We have at the present time in the ward another patient in whom gonorrhœa has produced entirely different manifestations, consisting of articular involvements, cutaneous rashes, and endocarditis. It is to the latter case that I call your attention to-day.

The patient is a young woman, 19 years of age, a native of Moselle and a domestic by occupation. She entered the Piorry ward on the 10th of November. She had generally enjoyed good health, had menstruated regularly, and has heretofore never had any severe disease. In particular, she had never been afflicted with either rheumatism or angina.

Six days before she was received into the hospital she was seized by chills, fever, and difficulty in swallowing, which rapidly grew worse. Most pain was experienced in swallowing liquids and saliva. Four days later she began to suffer from pain in the shoulder and elbow of the right side. The elbow-joint became swollen and of a deeper red color. The pain next attacked in swift succession the wrist and fingers of the right hand, and finally the entire right upper limb was the seat of pain. Now, during the preceding week there had been a vaginal discharge. The flow was very abundant, and she had never been accustomed to anything of the kind. At the same time micturition was painful. The symptoms indicated, without doubt, that the discharge was caused by gonorrhœa.

On the day of admittance the joints of the right upper limb were swollen. The tumefaction was especially marked at the elbow, which was also extremely painful and of which the least movement called forth from the patient cries of distress. The axillary temperature was 39.2° C. (102.5° F.), the tongue was furred, and some herpetic vesicles were situated upon the lips. A careful examination of the heart revealed that its volume was normal and that its sounds were very clear. The

[1] Delivered at the Hôpital de la Charité and published in Le Bulletin Médical for December 13, 1899. Translated for the Medical Bulletin.

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second sound was even a little accentuated, as happens sometimes in young subjects. I prescribed local applications of methyl-salicylate and internally sodium salicylate in the daily dose of 4 grammes (about 1 drachm).

As the swelling of the elbow persisted during the following days, it was cauterized and immobilized in a metallic splint in a semiflexed position. This treatment produced a progressive amelioration of the symptoms, and upon the twelfth day the fever had vanished, the pain had almost entirely disappeared, the redness had departed, the swelling was much diminished, the periarticular œdema had subsided, and the articulation had nearly recovered its functions. We were, consequently, reassured upon the subject of two eventualities which had for some days caused anxiety, viz.: the development of purulent arthritis and the possibility of ankylosis.

In the evening of the twelfth day, however, the temperature again rose and remained high for some days. Upon the fifteenth day the thermometer marked 39.6° C., and a papular erythema was observed scattered over the lower limbs and even upon the face.

Upon the sixteenth day the state of the patient remained the same. As regards the heart, nothing was detected except a very soft systolic murmur at the base, presenting the usual characters of functional souffles. This sound was not a sign of endocarditis, but it was a premonition of approaching heart trouble. Nevertheless, the sounds remained clear. The temperature varied between 37° C. (98.6° F.) in the morning and 39.5° C. in the evening.

On the nineteenth day the temperature was 39° C. (102° F.) in the morning. The condition of the articulations originally attacked continued to improve and no other joints became involved. The erythema papulosum persisted, but there was no complication as regards the lungs or pleura. No new sign of cardiac difficulty appeared. The sounds, however, seemed to have lost something of their clearness, and this comparison led us to suspect an invasion of endocarditis. You know, in fact, that an alteration in the sounds of the heart is a genuine sign of endocarditis. I therefore prescribed sodium salicylate in the daily dose of 6 grammes. Most authors believe that this salt possesses slight efficacy in gonorrhœal rheumatism. Nevertheless, the remedy has seemed to me to have a decided action in acute forms of that affection.

On the twenty-first day the temperature was 40° C. (104° F.) and the pulse was 120. The cardiac souffle was no longer heard, but the second sound was positively muffled. The area of precordial dullness was enormous, as you may perceive from the tracing which I will pass around. Its total dimensions are 122 centimetres (48 inches) square instead of 80 centimetres (31 $^1/_2$ inches), which is the average measurement of cardiac dullness in women of this age. In studying the tracing you perceive that the aorta surmounts the sternum for 1 $^1/_2$ centimetres (rather more than $^1/_2$ inch), and rises to 2 centimetres (a little more than $^3/_4$ inch) over the interclavicular notch. The apex of the heart descends almost 3 centimetres (nearly 1 $^1/_4$ inches) below the nipple without deviating toward the line of the axilla. The smaller area of dullness outlines a triangular figure, the lungs approaching each other above at an acute angle and diverging at the lower part. Simple inspection of the tracing indicates that the increased size of the heart is at the expense of the left chambers and the aorta, and that the extent of the aortic arch has been considerably augmented.

A fly-blister applied over the precordial region had excellent effects, for upon the succeeding day the dullness was notably reduced and the second sound had become more clear. The salicylate was continued in the same doses and to it were added 75 centigrammes (about 12 grains) of quinine sulphate.

On the next day a second tracing of the area of cardiac dullness was taken. You

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can see how it differs from the preceding. Upon this occasion the dullness measured but 71 square centimetres (28 inches), the heart having returned to its normal size and the apex having ascended to the level of the nipple. The increase of the arch of the aorta had entirely disappeared. So considerable and rapid a change in the condition of the heart seemed, at first, rather extraordinary, but I have no doubt upon the subject, since I have verified by the aid of radioscopy the results of percussion. However that may be, upon the same day the thermometer registered 37.5° C. in the morning and 38.5° C. in the evening. The radial pulse was 100 to the minute, and the arterial pressure was equal to $7\,^1/_2$ centimetres (nearly 3 inches). To-day the second aortic sound is still weak, but is a little hard and analogous, according to the comparison of Bouillaud, to that of a muffled drum. The first mitral sound is likewise a little less clear than normally. We have, however, reason to believe that our patient is on the road to recovery.

Certain peculiarities of this case deserve notice. There can be no doubt concerning the gonorrhœal character of the acute articular trouble which this woman experienced. The pain affected but a small number of joints, and predominated especially in the elbow. The different joints of the upper extremity were invaded progressively without those first involved returning to the normal, and a similar fixity scarcely belongs to acute articular rheumatism. The clamminess about the elbow-joint is also a symptom not met with in rheumatism. Finally, the absence of apparent cause for the development of the arthropathy and the co-existence of the gonorrhœa corroborate the relationship which exists in this patient between the two diseases. The papular erythema should be equally ascribed to the influence of gonorrhœa, in the course of which it has been observed in several instances, although perhaps it occurs more rarely than in those suffering from true rheumatism.

The same is true of endocarditis. This complication of gonorrhœa has been reported by Hunter, Lehman, and Brandes in 1854, and by Ricord in 1859. Marty published in 1876 a more exact observation. Morel in his thesis (1878) reported a certain number of cases, among which were at least six absolutely demonstrative. In five of these the aortic orifice was attacked. Only in one instance was the mitral valve involved. The aortic and mitral orifices are often simultaneously implicated. Keller has cited, however, in 1897 a case of endocarditis limited to the pulmonary orifice. Moreover, bacteriology has demonstrated the gonorrhœal character of these cases of endocarditis. In 1882 Martin found the gonococcus present in the lesions. Leyden showed in 1893 that in this situation the gonococcus presented the same reactions as in the urethra, and that it is rapidly decolorized by Gram's method. The cases of Golz and Councilman in 1893 are absolutely confirmative. It is true that they were unable to cultivate the gonococcus. That failure, however, may be attributed to the febrile elevation of the temperature; the microbe offers a feeble resistance to high temperatures.

All these observations relate to grave cases of ulcero-vegetating nature and which terminate in death. There is, nevertheless, a large number in which the disease is benign and capable of cure. Although our knowledge of this benign form of gonorrhœal endocarditis is still very imperfect, yet this is doubtless because authors do not agree as to the signs and symptoms of endocarditis. Some writers consider a blowing murmur in the region of the heart as such a sign. I have often shown that this opinion is erroneous, and that the only certain sign of endocarditis lies in the muffled character and the successive transformations of the cardiac sounds. Furthermore, you have been able to recognize the fact that precisely as the endocarditis developed the souffle disappeared in the present patient.

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Finally, you have had the opportunity of witnessing in this case a complication of gonorrhœa never before signalized, viz.: aortitis. The usual predominance of endocarditis at the aortic valves renders the participation of the aorta in the inflammation very probable. The typical signs of aortitis, however, have been rarely sought in these cases. These signs, as my former interne, M. Bureau has shown, consist in rather obscure retrosternal pains resembling those of angina pectoris, a more or less frequent cough, a special variety of dyspnœa which manifests itself in an unsatisfied desire for breath, and palpitations which are sometimes very severe. The temperature may be elevated as high as 39° C., as has been witnessed by MM. Brouardel and Bureau, although rise of temperature is not constant. Acute aortitis, therefore, is liable to be overlooked if we do not search systematically for the two characteristic signs of the affection: the increase of aortic dullness and the elevation of the subclavian of the right side (sign of Faure). The increase of aortic dullness is not due to actual enlargement of the calibre of the vessel, but is produced especially by an elongation of the arch, which exaggerates the extent of its curve. The aorta, in thus lengthening, raises the vessels which arise from it and in particular the brachiocephalic arterial trunk. The right subclavian, which springs from this trunk, is thus lifted above the upper border of the corresponding clavicle.

Secondary acute aortitis has long been recognized. Syphilis may produce it, although syphilis generally gives rise to chronic aortitis. Acute aortitis ordinarily develops in the course of various acute febrile infectious maladies. It has been observed, for instance, in variola, purulent infection, and scarlatina. It is not rare in typhoid fever, and Bureau has recorded three cases occurring in my service. It has also been encountered in acute articular rheumatism. We have this year seen it follow even a case of pneumonia and one of malarial intermittent fever. Cuerschmann, of Leipzig, has seen it in diphtheria and influenza. No writer, however, has mentioned aortitis as a consequence of gonorrhœa. That affection is, nevertheless, exemplified in the first case of Bureau's thesis. The patient was a man who entered the Bouillaud ward for an amblyopia with albuminuria, a galloping bruit, and catarrhal nephritis. A dilatation of the aorta was at the same time perceived. The vessel rose two centimetres (three-fourths of an inch) above the sternum and the right subclavian was elevated above its normal position. After several days the dilatation of the aorta diminished, and seven days after the entrance of the patient the vessel had regained its natural size. Now, that man had had gonorrhœa from seventeen to twenty-one years of age, and it is not illogical to suppose that the long duration of the urethral disease had laid the foundation of an affection of the aorta which was of later occurrence. It is, nevertheless, impossible in this case to affirm a relationship of cause and effect between the gonorrhœa and the aortitis.

It must be admitted, therefore, that aortitis may be a troublesome complication of gonorrhœa. We know, indeed, that a first attack predisposes the aorta to subsequent disease. Without question it is in this manner that arise various alterations improperly grouped under the title of arteriosclerosis and which are the tardy and ultimate result of successive infections which have attacked the vascular system.

In every case of gonorrhœa the first duty of the physician is to combat the urethritis, which is the point of departure. The older generation, who sometimes saw a visceral complication dry up a gonorrhœal discharge which subsequently reappeared, considered these complications as metastases, and advised that measures should be taken to re-establish the discharge in order to cure the visceral disease. To-day we are better informed, and believe that it is necessary, above all, to destroy the source of infection.

The cardiac manifestations which accom-

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pany gonorrhœal rheumatism seem to be equally amenable as ordinary rheumatism to the influence of sodium salicylate. You are aware that Germain Sée, who popularized in France the use of the salicylate, denied its influence upon the cardiac complications. I do not coincide with this opinion. Germain Sée regarded murmurs of the precordial region as a sign of endocarditis. Most of these souffles, however, are functional, and experience has shown me that sodium salicylate possesses equal efficacy in the cardiac as in the articular manifestations. It has been said that this drug generally fails in gonorrhœal rheumatism. It is of no decided advantage, indeed, in chronic forms, and in such cases I prefer to make use of the essence of wintergreen or ethyl-salicylate, but in the acute stages of the disease it has given me good results, as is shown in the case of the present patient.

You perceive that the consequences of gonorrhœa are numerous and that we must add aortitis to those formerly recognized. With abundant reason we struggle against syphilis and tuberculosis, but gonorrhœa is not less destructive. It is all the more to be feared for the very reason that it has often been looked upon as a trivial ailment, for which it is not necessary even to seek a physician and for which one may have recourse to some quack who promises to cure the disease in three hours. It is in such ways that the malady is kept alive and that the patient is exposed to grave dangers. I implore you, therefore, to declare war against gonorrhœa.

Abstracts.

A Case of Chronic Urticaria of the Throat.

Dr. Merx has reported the case of a patient who complained of sore throat, difficulty in swallowing, and a burning sensation. Several attacks, accompanied by the same symptoms, had occurred during the preceding three or four months, but had all subsided within the space of a few hours. Nothing could be learned from the family history. The patient was a very nervous person.

There was an abundant salivary secretion; the uvula was hyperæmic and œdematous. The redness and swelling were more pronounced upon the whole right half of the velum palati, and the right tonsil was œdematous. In short, there were all the signs of incipient phlegmonous angina. When the patient returned upon the following day all the manifestations had disappeared. They had twice since been reproduced, but had swiftly vanished.

About the middle of August, 1898, the man again presented himself with sharp pain limited to the point of the tongue. Upon this organ was seated an oblong patch, about one and a half centimetres in length (a little more than half an inch). The application of a solution of silver nitrate diminished the pain, which had disappeared by the end of the third hour. From this time until February 26, 1899, the patient suffered from fourteen recurrences. In only one instance was the tongue attacked. On the other occasions the affection was localized upon the velum palati. In more than half the attacks burning sensations were experienced, with anorexia and headache. Diarrhœa occurred twice. On all occasions there was a copious secretion of saliva. On the last-named date the patient sought the author, and declared, in a hoarse voice, that he had just swallowed a fish-bone. His face was cyanotic and there was an eruption of urticaria upon the forehead. The velum palati, tonsils, and uvula were hyperæmic and œdematous. Vesicles (wheals) were seated upon the epiglottis and the right ventricular band. The left ventricular band was slightly swollen and the vocal cords were injected. The bone was found, though not in the larynx, as the patient had believed it would be.

After extraction of the bone the symptoms vanished within half an hour, and on the following day there was not the slightest trouble.

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The only thing which afforded any relief to the patient was the application of a weak solution of silver nitrate. Hydrotherapy was practiced, and internally potassium bromide was given. For three months there had been no return. The author attributed the outbreaks of urticaria to the existence of neurasthenia. — Revue Hebdomadaire de Laryngologie, etc.

Dry Chronic Laryngitis and Pregnancy.

Dr. Avellis describes the case of a woman, 35 years of age, who had borne seven children. Since her second pregnancy she had been attacked, from the second to the fourth month, no matter what the time of the year, by hoarseness, with dryness and the formation of crusts in the throat. The ingestion of hot drinks gave her some relief. During the course of two pregnancies the hoarseness had lasted for several months, and in three others it had continued until term. Upon examination there was found a slight dry catarrh of the nose, with atrophy of the lower turbinals. There were some crusts free from fœtor upon the left middle and right lower turbinals. There was dry pharyngitis; the vocal cords were red and covered with crusts. The ventricular bands were in contact to their posterior fifth. The treatment consisted of warm nasal injections, with laryngeal injections of warm, mentholized vaselin.

Another case which the author had observed seven years previously concerned a woman attacked with dry atrophic rhinopharyngitis without fœtor or involvement of the larynx. The writer had treated this patient at intervals for eighteen months. When she became pregnant for the second time she had, during the first third of the period, laryngeal troubles, such as hoarseness and dyspnœa and sometimes expectoration of blood. The difficulty was so serious that it was necessary to practice tracheotomy. The crusts had to be removed rapidly from the larynx by means of forceps.

Four cases similar to the last have likewise been observed by the author.

He has witnessed in pregnant females not only serious and rebellious dry laryngitis, but also a tendency to acquire simple catarrh of the larynx, with hoarseness out of proportion to the objective manifestations, as well as a somewhat protracted loss of the singing voice dating from the early months, but without objective lesions.

The treatment should nearly always be symptomatic. Liquids injected should be very hot. The author particularly recommends intralaryngeal injections of hot liquid vaselin. Astringents are even harmful.

The pachydermia observed in the course of chronic laryngitis, especially on the posterior wall and vocal apophyses, should be respected.—Revue Hebdomadaire de Laryngologie, etc.

The Evil Consequences of Abuse of Liquids in Interstitial Nephritis.

Von Noorden has recently written of cases which presented the following characters: They are always those of patients arrived at an advanced stage of interstitial nephritis and who for a long time had been upon an abundant liquid diet. For a certain period they had suffered from attacks of cardiac asthma, and, upon examination, hypertrophy of the left ventricle is found with dilatation of the heart: conditions which sufficiently explain the dyspnœa and asthma from which the patients suffered. When such patients begin to present signs of cardiac insufficiency it is the rule to give them digitalis. This drug does, indeed, banish the symptoms for a certain time, but not for long. One is then obliged to return to the digitalis, and such intervals become more and more short. At last a stage arrives when the digitalis has no longer any effect, and the patient succumbs with symptoms among which sometimes cardiac debility and again uræmia predominate.

It is precisely these subjects of chronic

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interstitial nephritis and ripe for digitalis —*i.e.*, having dilatation of the heart with cardiac asthma, stenosis, pulmonary œdema, etc.—in whom may be witnessed the happy effects of diminishing the quantities of fluids which they had been accustomed to take. When the amount is reduced to a litre or a litre and a quarter a day (28 to 35 ounces), the dilatation of the heart, as in Oertel's method, decreases, the œdema of the lungs disappears, the attacks of asthma cease, and sleep returns. It is a curious fact, also, that diuresis remains comparatively free, notwithstanding the diminution of ingested fluid. The amelioration thus produced is generally lasting, and continues for months and sometimes for years.

When properly understood, this improvement produced by the suppression of fluids is not an absolute rule,—*i.e.*, among those who have reached the last period of cardio-renal cachexia it has no decided effect; but even in these it affords a period of comparative tranquillity, and may lengthen life for several weeks.

Among numerous cases of the kind observed by von Noorden it is of interest to cite the following, the clinical picture of which and the influence of treatment are notably impressive: A man, 45 years of age, had been treated for more than five years for disease of the kidneys. Four years ago he consulted von Noorden for troubles of only a few months' duration. These were progressively increasing dyspnœa, attacks of præcordial pain often occurring during the night and accompanied by bloody expectoration. Examination confirmed the diagnosis of interstitial nephritis, and also revealed the fact of dilatation of the left side of the heart and the presence of retinitis albuminurica. This patient ingested three or four litres of fluid daily (5 1/4 to 7 pints), among which was more than one and a half litres of milk and one and a quarter litres of a mineral water. The total quantity of fluid was reduced to one and a quarter litres daily, leaving its nature to the choice of the patient (milk, water, soup, and even a little light wine), and within the space of a few hours the cardiac asthma disappeared and the dilatation of the heart perceptibly decreased. The improvement was subsequently still more marked, and for four years the patient has been free from the symptoms of which he had complained. The percentage of albumin remained stationary.

It follows, from such instances, that subjects of interstitial nephritis with cardiac symptoms bear an abundance of liquids badly. The abuse of a liquid diet seems even to aggravate manifestations which, on the other hand, disappear when an end is put to the abuse.—La Tribune Médicale.

Remote Results of a Malformation of the Rectum and Anus.

In a communication to the French Congress of Surgery, M. Auvray, of Paris, said that the remote results of operations practiced on account of ano-rectal malformations are generally but little known. The question was raised by the ultimate consequences of a perforation of the anus complicated with a communication between the rectum and ureter, an operation having been performed twenty-seven years previously by Dr. Verneuil. That surgeon attached the rectum to the integument, leaving the abnormal communication persistent. The anus was situated at the bottom of a very marked infundibuliform depression, was of a round form, and surrounded by a skin having the characters of cicatricial tissue and destitute of the normal elasticity. Within the orifice was a cushion formed by the slightly prolapsed mucous membrane. The functional power of the anus was almost normal, and by the exercise of care as regards diet and scrupulously avoiding any article capable of causing constipation or diarrhœa the subject was able to live an ordinary life. He was of robust health and accustomed to all forms of physical exercises. He even rode

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horseback like young men of his age. The persistence of the communication between the ureter and the rectum was attended, however, by the most troublesome manifestations. In his youth the urine sometimes escaped involuntarily from the rectum at the moment of micturition. The communication explains how an infection propagated from the rectum to the ureter and bladder has on several occasions given rise to cystitis followed by pyelonephritis. These are the grave maladies which may threaten the life of the patient, as they are always liable to recur and grow worse as long as the abnormal communication persists. This is the most dangerous complication of the malformation. On account of the abnormal opening of the urethra, situated in front of the ejaculatory canals, the semen, at the moment of ejaculation, flows into the rectum instead of following the anterior urethra, thus rendering the man impotent. Finally, as an unexpected result of the malformation, the man, having contracted gonorrhœa, became afflicted with rectitis. Treatment of the gonorrhœa was rendered very difficult on account of the arrangement of the parts. Nevertheless, two series of copious lavages with permanganate were followed by success. The fluid injected *per urethram* passed, not only into the bladder, but also into the rectum.

Evidently the sole means of remedying these serious inconveniences was in closing the abnormal communication. Its exact situation being unknown, however, and its depth, would probably render an operation very difficult without taking into consideration the fact that, by modifying the condition of the perineum, a liability would be thus incurred disturbing the function of the bowel, of which, in the existing circumstances, was fairly well preserved. Nevertheless, one should not hesitate to propose intervention if repeated outbreaks of cystitis with implication of the kidney menace life. Finally, in order that the original operation should have had the best results, it should have included the obliteration of the abnormal orifice. Although the function of the bowel is almost perfectly preserved, yet the man is, from other points of view, infirm, and his life is liable to be endangered by pyelonephritis.—Le Bulletin Médical.

Primary Epithelioma of the Vagina.

At the French Congress of Surgery, M. Adenot, of Lyons, remarked that primary epithelioma of the vagina is rare. It is not, however, absolutely exceptional. He presented to the meeting a case in which simple ablation had given an excellent result. The absence of recurrence three years after the operation had prompted the speaker to exhibit the patient. Moreover, the epithelioma observed in the patient differed sensibly in its course and anatomical characters from the same disease as generally described. The patient was a Jewess. The disease began at the age of thirty years. She was examined by the speaker about a year after the beginning of the malady. She had had one pregnancy, had never worn a pessary, and presented not the slightest trace of vaginal leucoplasia. Upon the upper third of the posterior third of the vagina was an epitheliomatous patch a little larger than a two-franc piece (about the size of half a dollar). The lesion was granular, violaceous at the bottom, not ulcerated, feeling to the touch like rough pasteboard or the skin of an orange (like a case of carcinoma of the breast with involvement of the skin). It was of hard consistence. The lesion was painful to the touch. A band of healthy tissue was present at the bottom of the *cul-de-sac*. The rectum was intact. The operation was performed on December 17, 1896.

The patient considers herself cured. The general health is excellent. The local condition is equally satisfactory. Histological examination showed that the growth was of pavement epithelium. — Le Bulletin Médical.

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Action of the Internal Secretions upon the Vasomotor Centres.

At the last Congress for the Advancement of Science, Professor Livon, of Marseilles, spoke of experiments which he had made the subject of former communications and which had led him to believe that one of the actions of the internal secretions is to influence the blood-pressure and produce in some instances an excess and in others a diminution of tension, and that in the physiological condition the effect of these various secretions establishes an equilibrium and maintains the blood-pressure at a mean. This mean is not, however, stable, as is shown, among others, by Traube's sign, which Cyon explains by an equal opposition between the excitation of the vasoconstrictor centres and the intervention of the depressor nerve.

What is the origin of this excitation? Professor Livon's experiments oblige him to conclude that the principal agent of the stimulation is constituted by the internal secretions. It is known that the injection into the circulation of extract of the pituitary body or of the suprarenal capsules determines a decided increase of pressure. If, during this increase, the depressor nerve is stimulated, instead of producing the fall which denotes excitation of that nerve in the rabbit, the excess of tension persists or is but slightly modified if the dose injected had been small. Furthermore, if we begin by stimulating the central end of the depressor and during the decrease of tension inject a tension-raising extract into the blood-current, we behold at once the ordinary rise of tension just as if there had been no stimulation of the depressor nerve. These facts show inhibition of the function of the depressor nerve by the organic extracts. In some experiments one witnesses a sort of struggle between the tension-raising and the tension-depressing influences, producing an exaggeration of Traube's sign during excitation of the depressor nerve.

Professor Livon has observed also another result. In some experiments concerning excitement of the depressor after injection of tension-raising extracts he has seen the animal experience several convulsive attacks, the pressure falling abruptly to zero and attended by death of the animal. One would say that in such a case the struggle between the two opposed influences has been such as to occasion a sort of interference which produced the final arrest of the action of the heart.

In the discussion of the above communication Professor Bouchard stated that he distinguished among the poisons of bacterial origin two classes, based upon their action upon the blood-pressure. He has proposed the name of "ectasines" to those which dilate the vessels and, therefore, lower the pressure. The other class he terms "anectasines." The former seem to occur principally in the cellular substance, even of microbes, as tuberculin, while the latter include, on the contrary, above all, the products of secretion found in solution in the midst of the culture.—Le Bulletin Médical.

Therapeutic Notes.

Surgical Points by Professor Senn.

To control hæmorrhage of the intercostal or of the internal mammary arteries in gunshot or other puncturing wounds of the chest Senn gives the following directions for the application of the "hour-glass tampon": Take square piece of gauze the size of an ordinary handkerchief and lay over wound; with blunt instrument, such as grooved director, push portion of gauze through wound, forming bag on inner side. Fill bag thus formed with strip of gauze and pull to make tight; place similar compress on the outside and tie tight the ends of large piece of gauze to make compression both on outside and inside. If iodoform gauze be used the tampon may be left in place for several days, for it serves as drain as well as tampon.

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Here are several surgical points Professor Senn has given in clinic or lecture recently: Early causis in skin-graft by Thiersch's method is considered a favorable condition, showing that circulation has been established. A tablespoonful of oleum ricini every other morning, together with rest and a liquid diet, is the best medical treatment for appendicitis. "Castor-oil is king of laxatives" in this condition. Injection into joint of a 3- to 5-per-cent. solution of carbolic acid is almost specific in treatment of gonorrhœal arthritis.—Medical Standard.

Carbolic Acid and its Antidotes.

In a review under the above heading we read in a recent number of Merck's Archives:—

"Of all the antidotes suggested, the most promising and the best lauded one for promptness in results is alcohol. Drs. Phelps and Powell, at the New York Polyclinic, were able to overcome the escharotic action of carbolic acid in wounds, on the hands, and on mucous membranes by the use of alcohol. Dr. Phelps declared that he could state positively that alcohol is an absolutely safe and sure specific against the escharotic action of concentrated carbolic acid. There was no uncertain sound about his utterance on the matter.

"Dr. Gross, of Fort Wayne, fully confirms the statements of Dr. Phelps. One of his demonstrations of the truth of the claim was to dip his tongue into strong carbolic acid, defying pain and escharotic action, and then to hold some alcohol in his mouth for thirty seconds, the result being that every trace of the effects of the acid was wiped out. Dr. Gross refers also to the fact that the physiological effects of alcohol internally are just such as would make of it an efficient internal antidote for carbolic-acid poisoning. Mr. H. B. Mason, of Detroit, pointed out this fact at a still earlier date.

"Dr. Kelly, of Brooklyn, states that by the use of alcohol, in a case where a child had taken a large amount of concentrated carbolic acid, he succeeded in saving its life.

"Dr. Hair, of the Emergency Hospital Dispensary, of Bridgeport, Conn., adds a case of carbolic-acid poisoning treated in a similar manner with exceedingly remarkable results. The patient was a prostitute, aged 36 years, who had taken the acid with suicidal intent. Dr. Hair treated her. One pint of alcohol was poured down her throat immediately, followed soon after by a pint of milk. After this whisky was given hypodermically, and alcohol and whisky by the mouth at intervals of half an hour and less. In three hours and twenty minutes she had been given 20 fluidounces of alcohol and 18 fluidounces of whisky without showing any signs of alcoholism. The whisky was substituted for alcohol because the supply of the latter on hand gave out. There were very few signs of shock, and in two weeks the patient was discharged. This case seems to indicate that not only does the alcohol render the carbolic acid harmless, but the carbolic acid also neutralizes the toxic action of the alcohol, as is said to be the case in antidoting snake-venom with alcohol."

Non-ecbolic Hæmostatic Remedies.

Professor Bossi, of the University of Genoa, in a paper having the above title and cited in the New York Medical Journal, says:—

"By the rational subdivision of obstetrical metrorrhagias into (*a*) metrorrhagia of pregnancy with a possibility of avoiding its interruption, and (*b*) metrorrhagia previous to, during, and after parturition, where the interruption is inevitable, we can usefully prescribe as follows: (*a*) in the first group, a mixture of non-ecbolic hæmostatics (hydrastis, hamamelis, stypticin) with uterine sedatives (viburnum, piscidia, opiates), acetanilid excepted; (*b*) in the second group, a mixture of hydrastis, hamamelis, stypticin, recurring, however,

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when necessary, to the use of sugar and quinine. The use of this mixture of remedies is authorized by the consideration that in obstetrical practice hæmorrhage demands nearly always urgent and efficacious intervention. The author refers to the following formulæ. For group *a*:—

"℞ Fluid extract of hydrastic Canadensis,
Fluid extract of hamamelis Virginica,
Tincture of piscidia erythrina,
Fluid extract of viburnum prunifolium, of each, 150 grains.
Sydenham's laudanum, 30 grains.—M.

"Of this mixture not less than 90 drops should be administered at a time in half a tumblerful of water, and according to the indications this dose may be given up to thrice in twenty-four hours. A 5-grain tablet of stypticin may be given at the same time.

"In group *b*:—

"℞ Fluid extract of hydrastis,
Fluid extract of hamamelis, of each, 150 grains.
Stypticin, 4 1/2 grains.

"M. Administer from a measured vial not more than 100 drops for a dose, repeating, if necessary, to three times in the twenty-four hours.

"When it is necessary to reinforce the uterine contractions without incurring danger of tetanus of the womb, the author recommends from 750 to 3000 grains of sugar in from 3000 to 7500 minims of water, to be sipped as a beverage. Or bisulphate of quinine may be prescribed in a dose of 1 1/2 grains to be taken every hour."

Fats in Wasting Diseases.

In a paper on the above subject, published in the St. Louis Clinique, Dr. C. W. Lillie, of St. Louis, says:—

"I have often ordered the following prescription, and find some cases in which it proves of benefit, but there are others who cannot take it:—

"℞ Ol. morrhuæ, 240 cubic centimetres.
Liq. pancreati, 120 cubic centimetres.
Syr. hypophos. comp., 120 cubic centimetres.

"M. et ft. emulsio.

"Sig.: Take 1 tablespoonful three times a day."

Hæmoptysis.

Dr. M. E. Chartier, of St. Louis, writing in the St. Louis Clinique, says that he generally prescribes:—

℞ Tincture of iodine, 3j.
Powdered camphor,
Essential oil of tar, of each, ℥iiss.
Hoffmann's anodyne, ℥ss.

M. Sig.: Five to 20 inhalations at a time, to be repeated from two to four times daily.

Diphtheria.

Dr. Herman B. Sheffield, of New York, says, in the New York Medical Journal, that he has been very fortunate with the following two combinations:—

No. 1.

℞ Glycerit. papoid., 3iv.
Acid. carbolic.,
Pulv. camphor., of each, gr. viij.
Alcohol., q. s. ad solv.
Glycerini, q. s. ad f℥ij.

This is applied to the throat by means of a cotton swab every two hours,—changing the swab each time,—diminishing the frequency of applications with the abatement of the severity of the symptoms.

No. 2.

℞ Hydrogen. peroxid., 3iv.
Sodii borat., 3ij.
Glycerini, f℥ij.
Aquæ rosæ, q. s. ad f℥iv.

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One tablespoonful to be instilled into the nose every two hours in the presence of diphtheritic membranes in the nares, and every four hours in their absence.

Ophthalmia Neonatorum.

In a paper read before the Tri-State Medical Society at Chattanooga, Tenn., and published in the Journal of the American Medical Association, Dr. Dudley S. Reynolds, of Louisville, Ky., says:—

"If the disease is seen in its earliest stage, the stage of irritation, a collyrium of the following composition may be used:—

"℞ Borate of sodium, gr. x.
Chloride of sodium, gr. iij.
Crystals of carbolic acid, gr. 1/4.
Distilled water, ℥j.

"It is needless to say all collyria should be filtered before using. A drop of this should be instilled into the irritated eye every half-hour. In those purulent forms where the discharge of pus is profuse at the time the treatment is begun, and where it is likely the disease is of gonorrhœal origin, the fluid for irrigation should be:—

"℞ Chloride of sodium, ℥iij.
Bichloride of mercury, gr. iv.
Carbolic acid, gr. xvj.
Water, Oj.

"To be dissolved and filtered."

Creasote and Ichthyol in Pulmonary Tuberculous Disease.

Dr. Hugo Goldman, in the Wiener klinische Wochenschrift, gives the following formula, by which, he says, the taste of ichthyol is masked:—

℞ Creasote carbonat.,
Ichthyol, of each, 15 parts.
Glycerin, 30 parts.
Aquæ menthæ pip., 10 parts.

M. Sig.: Twenty drops, gradually increased to 30 (for children, 10 to 20), three times a day, in wine or lemonade, after meals.—Journal American Medical Association.

Mercurial Injections.

It is claimed that if pure guaiacol be incorporated with the oil used as a medium for intramuscular injections of mercurials the process is rendered practically painless. The following formula is the one recommended, the guaiacol being employed in the proportion of 3 per cent.:—

℞ Hydrarg. iod. rubr., 0.5.
Guaiacol. pur., 3.0.
Ol. olivæ ster., 97.0.

M. Sig.: For hypodermic use.

The injections are practiced daily or every other day, 30 minims representing approximately 1/6 grain of the biniodide. The needle should be inserted perpendicularly to the skin, pushed in its full length, and the liquid injected very slowly, the buttocks being chosen for the operation.—American Journal Surgery and Gynecology.

Asthma.

A formula given by Dr. J. B. Jackson, Professor of Practice in the College of Physicians and Surgeons, of Boston, in Merck's Archives is:—

℞ Powd. potassium nitrate, 4 to 6 drachms.
Powd. stramonium, 75 grains.
Powd. lobelia, 90 grains.
Powd. belladonna, 45 grains.
Powd. grindelia, 90 grains.
Powd. hydrastis Canadensis, 15 grains.

Make one package. Burn 1 heaping teaspoonful in small closed room or under improvised tent. Inhale for a period of ten to twenty minutes, or until relieved.

Hæmaturia.

Levy asserts that tincture of guaiacum is a valuable remedy in hæmaturia. He gives it in doses of 1/2 to 1 drachm in milk every four hours. — Journal of Medicine and Science.

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THE

Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
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DOUBLE ATROPHY OF THE PAPILLA CONSECUTIVE TO MUMPS.

MUMPS is usually considered rather a trivial affection. The complication most frequently encountered is orchitis. With this exception there is no characteristic concomitant or consequent. Nevertheless, there are recorded, from time to time, by different observers and in different quarters of the globe, rare phenomena associated with or following the disease. These have been duly chronicled in the pages of THE MEDICAL BULLETIN. The latest of these exceptional instances to fall beneath our notice is atrophy of the ocular papillæ, reported in our esteemed contemporary, Le Bulletin Médical, by M. Alfred Blanchard.[1]

Ocular complications have been rarely observed in mumps. Hatry was the first to call attention to the subject, having witnessed a number of such cases during an epidemic of parotiditis in Lyons in 1875. His cases were divisible into three groups: first, those in which acuity of vision was but slightly or not at all diminished; second, those in which there was decrease of visual acuity with conjunctivitis and hyperæmia of the papilla; third, those in which the papillæ were strongly injected, vision decidedly lessened, and attended by dyschromatopsia, lacrymation, photophobia, and vertigo. All these manifestations were temporary and left no disastrous consequences. The facts were different in the case observed by Talon in 1881. The patient was a young soldier who had always enjoyed excellent vision. There were no hereditary or acquired defects. About one month after the beginning of an attack of mumps very pronounced visual disturbance developed, without appreciable cause, in the right eye. Ophthalmoscopical examination revealed the existence of neuroretinitis. Two months later the sight of that eye was lost. Atrophy of the papilla had occurred.

The rarity of such cases led Dr. Blanchard to report one which had come under his own observation. It was that of a man, aged 23 years. He had no knowledge of his father. His mother had probably died of tuberculosis. There were no personal antecedents. He entered the hospital in 1898 for mumps. The disease had been epidemic in his regiment. He suffered from violent headache, gastric disorder, vomiting, and fever. After the rather severe commencement of the disease it followed its normal course, when, at the end of a month, the patient was attacked by a sudden diminution of vision. Objects appeared to be deformed and scarcely visible. They were surrounded by a dense haze, and five or six days later he experienced great difficulty in going about. He was leeched over the mastoid processes, ice was applied to the eyes, and potassium iodide was given internally. After a short sojourn the man was sent home convalescent in charge of a companion, for he was not able to take care of himself. Three months subsequently he was seen for the first time by Dr. Blanchard, and the following conditions were found: There was slight bilateral protuberance and divergent strabismus of the right eye, of which the visual field was very limited on the nasal side. There was paresis of the rectus internus. There was weeping of both eyes, and the injected conjunctivæ formed a rim of chemosis around the cornea, which was free from trouble. On both sides the papillæ were slightly dilated and reacted neither to accommodation

[1] "Atrophie double de la papille consécutive aux oreillons." Par M. Alfred Blanchard, Medicin aide-major. Le Bulletin Medical, 6 Decembre, 1899.

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nor light. The crystalline and vitreous were transparent. Upon palpation there was no increased tension of the globes, but pressure from before backward caused momentary disappearance of the protuberance, and a peculiar sense of friction was perceived as if the eyeballs rubbed against a serous sac. There was no souffle and no pain. Vision was very poor, the patient could not count his fingers and when a hand was held toward him, even at a very short distance, he had but a dim perception of a shadow. The papilla was destitute of color and its margins were difficult to distinguish from the surrounding parts of the retina. The engorged veins were in striking contrast with the contracted arteries. Around the latter vessels was some exudation.

Potassium iodide and mercurial inunctions were prescribed together with a nourishing diet. Under the influence of this treatment the inflammatory symptoms diminished. The conjunctiva resumed its normal tint. The chemosis and protuberance of the balls soon disappeared. The right eye was still directed a little outwardly, but its range of mobility inward was augmented, or, in other words, the rectus internus had recovered its functions. The result was not the same, unfortunately, as regards the optic nerve. The papilla became more and more pale, and went on toward atrophy. Its margins were now more clearly defined, but the white streaks which occupied the course of the arteries were evidences of the inflammation which had existed. Vision seemed to have been absolutely lost. Only the sensation of light persisted, but there was no perception of objects. The patient could not walk alone. The treatment was continued; one month later the divergent strabismus no longer existed, and there was no trace of protuberant eyeballs. The papillæ were slightly dilated and reacted feebly to light and accommodation. The papillæ were white and their vessels were strongly contracted. The hand was perceived when placed near the eye, but he was unable to count his fingers. In broad daylight he was able to go about without assistance. He was somewhat improved. Two months later he was able to read the largest style of print at the distance of about a metre (a yard). The field of vision of both eyes was extremely limited. It measured five centimetres within and outward (nearly two inches), three upward, and two and a half downward for the left eye. For the right it was a little less extensive. There was dyschromatopsia. All the movements were preserved. The papillæ reacted freely to accommodation and light. They were very white and their vessels markedly contracted. The power of vision was not decidedly improved.

The paralysis of the rectus internus had been temporary. The loss of vision was consecutive to neuroretinitis, which had gone on toward white atrophy. Although some benefit had resulted from the treatment, yet it was to be feared that the loss of sight was permanent. In fact, some months subsequent to the beginning of the disease the patient was discharged with a pension. The diagnosis given read: "Atrophy of the optic nerves consecutive to an attack of mumps during an epidemic of that disease. This atrophy developed rapidly during convalescence. Customary methods of treatment were without effect."

In this exceptional case the ordinary causes of retinitis could be eliminated by the history of the patient, examination of the urine, and revelations of the ophthalmoscope. It was necessary to refer its origin to the attack of parotiditis. It had been possible, indeed, to observe the last inflammatory stage during its progress to white atrophy of the papillæ.

Hatry attributed this complication to obstruction of the circulation within the cranium and in the eyeball by the swollen glands. Talon conceived that the alterations in the papillæ and surrounding zone were symptomatic of associated cerebral disorders.

One cause above all others, says Dr. Blanchard, must be considered, viz.: infec-

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tion. Like all infectious diseases, mumps is capable of exciting temporary or continued disorder of the organs of vision, corresponding to the more or less deleterious action of the toxic materials produced. If the infection is profound and the papilla structurally affected, loss of its function may ensue. In order to accomplish this result sufficient time is required for the toxins to impregnate thoroughly the organism. This is the conclusion, at least, which we seem entitled to draw from the cases of optic neuritis consecutive to variola, measles, typhoid fever, influenza, and diphtheria. This opinion is strengthened by the late development, in Talon's case and that reported by Dr. Blanchard. It has been asserted that optic complications of mumps are rare and benign, but the cases described more or less fully in this paper would seem to require a decided modification of that judgment.

THE RELATION OF ADENOID VEGETATIONS TO CERTAIN INFECTIOUS DISEASES OF CHILDHOOD.

Since the recognition, in 1868, by Meyer, of the significance of adenoid vegetations, the broad outlines of the picture which that distinguished observer drew have been filled in with more detail by many writers. One of the latest contributions to meet our eye is published in our highly-valued exchange, Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie for October 14, 1899, the author being Dr. Albert Plottier, of Geneva. This elaborate paper is founded upon a large number of cases which the author had studied in regard to their more or less constant relation to certain infectious diseases of childhood. If the existence of such a relationship is once demonstrated it remains to be determined whether these lymphoid productions do not, in certain circumstances, play a preponderating part in the etiology or pathogenesis of these diseases.

With this double object in view the author had carefully examined the naso-pharynx of 268 children who had died in the Children's Hospital within a period of four months. In every instance where true adenoid vegetations were found they were removed. The results were very variable. Out of the whole number, vegetations, more or less developed, were found in 65 cases. The frequency with which they were present varied much in different diseases. For example, they were met with 29 times in 53 cases of diphtheria and only 7 times in 54 cases of measles and once in 20 cases of gastro-enteritis. The great frequency of these vegetations in diphtheria and their comparative rarity in most of the other diseases merits attention. Among infectious disorders with naso-pharyngeal manifestations measles undoubtedly occupies the first rank. These catarrhal inflammations have been considered as influential factors in producing adenoid vegetations. We may believe, however, that, as in the case of hypertrophy of the faucial tonsils, it is not this temporary inflammation that is pathogenic so much as the existence of often repeated local irritations in predisposed subjects which causes the growths. From a study of 54 cases of measles treated in the hospital Dr. Plottier encountered only 7 in which vegetations were present: *i.e.*, 12.9 per cent. This figure is far below that obtained in his general table of statistics (24.2 per cent.), and also below those of most of the infectious maladies which were the subject of our author's examination. A summary of the total number of cases led him to the conclusion that, when measles and adenoid vegetations co-exist, it is a fortuitous coincidence without any relation of cause and effect.

Out of 41 cases of infectious gastro-intestinal trouble adenoid vegetations were only once found. The age of these children ranged from a few days to six months. Adenoid disease, however, seldom makes its appearance before the first year of life has been completed. No relation seems to exist between these growths and diseases of the

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digestive system in young children. On the contrary, the tumors occur in a comparatively large number in infections of the respiratory organs. In Dr. Plottier's series there were 27 cases of broncho-pneumonia and 7 of whooping-cough. Out of these 34 cases 9 presented vegetations: *i.e.*, 26.4 per cent. This co-existence is not surprising when we reflect that an attack of adenoiditis is a frequent point of departure for infection of the respiratory passages. Mucopurulent inflammatory material finds its way downward from the nose or naso-pharynx.

In this manner the disease extends to the larynx, trachea, and bronchi, and may terminate in broncho-pneumonia. Adenoid vegetations examined a few hours after death and taken from children who had died from broncho-pneumonia were always of a wine-red color from congestion, the lymphoid tissue having evidently shared in the inflammatory process. This mode of development does not, of course, apply to all cases, but its possibility should be remembered.

Of the 268 cases analyzed by the author, 32 were cases of tuberculosis. Among these, 20 were of pulmonary tuberculosis and 12 of tuberculous meningitis. Of the 20 children, 5 had had lymphoid growths. Only 1 of the 12 who died from tuberculous meningitis had had these growths. The small proportion of vegetations in these cases of tuberculous meningitis does not accord with the statements of Professor Grancher on this subject.

As regards hereditary syphilis, scarlatina, and acute meningitis, the number of cases was too limited to permit any definite conclusions. In diphtheria adenoid vegetations were detected in the proportion of 54.6 per cent. The diphtheritic involvement of the growths was in some instances primary and in others secondary. In the latter class the diphtheria seemed to assume special malignancy.

The presence of these tumors constitutes a *locus minoris resistentiæ* in the naso-pharynx: a veritable gate of entry for all species of infectious germs and, by reason of the respiratory difficulty which they produce, increasing the severity of the case. Primary localization of diphtheria in the adenoid tissue may pass unnoticed if careful inspection of the naso-pharynx is neglected. An attack of adenoiditis supervening during convalescence from diphtheria may awaken the bacillus of Loeffler to new life and produce a relapse.

Medical News and Miscellany.

To the Members of the Medical Profession in the United States.—Dr. W. W. Keen, President of the American Medical Association, has issued an address, of which the following is an abstract of the principal points:—

"The cause of humanity and of scientific progress is seriously menaced. Senator Gallinger has again introduced into Congress the bill for the 'Further Prevention of Cruelty to Animals in the District of Columbia,' which he has so strenuously and misguidedly advocated in the last two congresses. It is Senate Bill No. 34. Twice the Committee on the District of Columbia has, also unfortunately and misguidedly, reported the bill with a favorable consideration. It is speciously drawn to seem as if it were intended only in the interest of prevention of cruelty to animals, but the real object is twofold: (1) to prohibit vivisection and (2) to aid the passage of similar bills in all the State legislatures.

"It hardly needs to be pointed out that this would seriously interfere with or even absolutely stop the experimental work of the Bureau of Animal Industry, and the three medical departments of the Government, the Army, the Navy, and the Marine-Hospital Service.

"As my attention has been called officially to the introduction of the bill, I take the opportunity of appealing to the entire profession of the country to exert itself to the

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utmost to defeat this most cruel and inhuman effort to promote human and animal misery and death and to restrict scientific research. It is of the utmost importance that *every physician* who shall read this appeal shall *immediately* communicate especially with the senators from his State, shall also invoke the aid of the representatives from his or other districts in his State, and by vigorous personal efforts shall aid in defeating the bill.

"It is especially requested, also, that all of the national, State, and county societies, at their next meetings, take action looking toward the same end. If regular meetings are not soon to be held, special meetings should be called. Correspondence is invited from all those who can give any aid.

"The Committee on the District of Columbia consists of Senator James McMillan, of Michigan, chairman, and Senators J. H. Gallinger, of New Hampshire; H. C. Hansborough, of North Dakota; R. Redfield Proctor, of Vermont; J. C. Pritchard, of North Carolina; Lucien Baker, of Kansas; C. P. Wetmore, of Rhode Island; C. J. Faulkner, of West Virginia; Thomas S. Martin, of Virginia; William M. Stewart, of Nevada; and Richard Kenney, of Delaware. Personal letters may be addressed to them or to other senators. Petitions should be addressed to the Senate of the United States."

The New York Hospital.—We learn that Dr. Francis H. Markoe has been appointed a visiting surgeon to this hospital.

Oliver Wendell Holmes as a Young Professor.—A colleague of Dr. Holmes at the Hanover Medical School, Dr. Elisha Barrett, wrote to a correspondent on September 8, 1839, as follows (quoted in the Boston Medical and Surgical Journal):—

"Dr. Holmes you know something of. As a teacher there is no doubt of his success, although he will not show himself during this, his first, course. He has his anatomy —some of it, at least—to study as he goes on, and he has not yet got the whole hang of the lecture-room; he does not give himself his whole swing. His attainments in medical science are extensive and accurate, and his intellectual endowments are extraordinary. His mind is quick as lightning and sharp as a razor. His conversational powers are absolutely wonderful. His most striking mental peculiarities consist in a power of comprehensive and philosophical generalization on all subjects, and in a fecundity of illustration that is inexhaustible. His talk at table is all spontaneous, unpremeditated, and he pours himself forth, words and thoughts, in a perfect torrent. His wit and humor are quite lost in the prodigal exuberance of his thoughts and language."

Seaboard Medical Association. — The meeting of the association was held January 11th at Newport News, Va.

Manhattan State Hospital. — Dr. Bernard Sachs has been appointed on the visiting staff of the Manhattan State Hospital to fill the vacancy caused by the death of Dr. Charles Inslee Pardee.

Ocular Affections in the Negro. — Dr. David de Beck writes upon the above subject in a late number of the Cincinnati Lancet-Clinic, from which we quote as follows:—

"*Supra-orbital Neuralgia.*—During the many years that my memory goes back I do not now recall a single example of characteristic supra-orbital neuralgia occurring in a negro; nor do the few years' records that I have carefully looked back over reveal notice of a single instance. This exemption must be more than a simple coincidence." The writer is inclined to believe that this immunity depends upon the negro's freedom from malaria.

"*Blepharitis Marginalis.*—While it cannot be said that marginal blepharitis is, in any sense, unknown among the race, in my experience, certainly I have found it extremely rare. . . . A walk through a negro quarter of a city will not show the children affected with blepharitis: a sight

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that is so common in the other squalid quarters, especially those where the poorer classes of white immigrants tend to congregate. . . . This is strong evidence that blepharitis is not due to bad hygienic conditions,—at least not to these *alone*.

"*Phlyctenular Trouble.* — In my experience, unquestionably, phlyctenular trouble has been noted in much larger proportion among the negroes than among the whites. . . . The cases seem also more aggravated and more stubborn. Moreover, phlyctenular trouble occurs to an older age in the negro than in the white." The writer looks on phlyctenular disease as an herpetic eruption, due to reflex irritation from the nasal mucous membrane. The open nostrils of the negro would seem to render him peculiarly susceptible.

"*Trachoma.*—This affection is nearly, if not quite, absolutely unknown among the negroes.

"*Inflammation of Semilunar Fold.* — A circumscribed inflammation of the plica semilunaris I have observed with comparative frequency among the negro race.

"*Keratitis Diffusa.*—This form of keratitis certainly seems to occur more frequently in the colored race. . . . I take it that these corneal troubles are mainly due to the systemic conditions engendered by the hereditary effects of tuberculosis and syphilis, and the clinical and family histories almost invariably bear out this assumption.

"*Keratitis Interstitialis.*—This form is only mentioned on account of one point, for it occurs as frequently among the negroes as among the whites. But there is one noticeable difference, and that is in the teeth. The known excellence of the teeth in this race seems to hold good even here. The notched teeth (generally so in evidence) are but rarely found here, even if they occur at all in the pure negro.

"*Keratitis Dendricans.*—This is another form hardly warranting mention here, if it were not for the indirect point of interest. I have never seen a case of this dendritic keratitis in a negro, and do not know of any reported case. As the negro is blessed with an almost complete immunity from malaria, at least in our climate, he, of course, escapes this expression of it. But this very exemption is an added proof of the malarial nature of this form of keratitis.

"*Iritis.*—There seems to be no question that iritis is more common among the negroes than it is among the whites. The greater prevalence of syphilis among the colored patients would then explain the greater frequency of iritis satisfactorily. On the other hand, they do not seem to suffer so frequently as do the whites from the rarer forms of iritis: the rheumatic, gonorrhœal, etc."

Southern Surgical and Gynæcological Association.—The officers elected at the recent meeting of the above society are: President, A. M. Cartledge, of Louisville; vice-presidents, Manning Simmons, of Charleston, and W. P. Nicholson, of Atlanta; secretary, W. E. B. Davis, of Birmingham; treasurer, W. D. Haggard (Jr.), of Nashville. The next meeting will he held at Atlanta, beginning the second Tuesday in November, 1900.

The Prevention of Tuberculosis.—On the evening of January 10, 1900, an important joint meeting of the Philadelphia County Medical Society and the Pennsylvania Society for the Prevention of Tuberculosis was held in this city. Papers were read as follows:—

Dr. H. F. Flick: "Plans of the Pennsylvania Society for the Prevention of Tuberculosis." Dr. J. C. Wilson: "The Necessity of Hospital Care of the Consumptive Poor." Hon. W. N. Ashman: "Work at Present being done through Private Charity in the Treatment of Consumption." Dr. Howard Anders: "The Necessity for State Aid in the Treatment of Consumption among the Poor." Rev. Charles A. Dickey: "The Cost of Maintenance and Management of Hospitals and Sanitariums for Treatment of Consumption." Dr. Guy Hinsdale:

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"Localities Suitable for the Treatment of Consumption in Sanitariums throughout Pennsylvania." Dr. E. O. Otis (of Boston): "The Necessity for City Hospitals for the Treatment of Advanced Cases of Consumption among the Poor."

After the reading of these papers the subject was open for discussion by members of the societies and their guests. A large number of prominent citizens were present and much interest was exhibited in the proceedings.

Pemphigus of the Larynx and Mouth.—In a late issue of the New York Medical Journal Dr. J. H. Bryan, of Washington, D. C., reports a case of chronic pemphigus vulgaris affecting only the mucous membrane of the larynx and mouth. The patient was a married woman who had had trouble in the throat for six months. The attacks were frequent, but not of long duration. She had always enjoyed good health save for occasional attacks of muscular rheumatism. The case was treated by means of Fowler's solution, and at the time of writing had not had an outbreak either in the larynx or mouth for two months.

Bequests to Hospitals.—From the Medical Record we learn that by the will of the late Mr. Daniel S. Ford, of Boston, proprietor of The Youth's Companion, the Massachusetts General Hospital receives $7000, the Boston City Hospital $6000, and the Children's Aid Society and the Children's Hospital of Boston, each, $5000.

Dr. C. S. Means.—Dr. C. S. Means, of Towanda, Pa., has been appointed a member of the Health Board of that place, *vice* C. T. Kirby, resigned. Dr. Means has had abundant experience and will doubtlessly efficiently fill the position to which he has been appointed.

Obituary. — *Dr. Edwin Rodarmel Axtell.*—We regret to chronicle the death of Dr. Axtell, the efficient editor of the Colorado Medical Journal. Dr. Axtell was a graduate of the Miami Medical College and had resided in Denver since 1889. He had been a resident of St. Luke's Hospital of that city, and for the last four years was pathologist to that hospital and to the Arapahoe County Hospital. A few months before his death he was elected one of the attendant physicians to the latter hospital. Dr. Axtell died in consequence of infection contracted while making an autopsy. Dr. Axtell was esteemed and beloved by all with whom he was brought into contact.

Dr. Gustavus A. Winston.—Dr. Winston departed this life in New York City. He was a native of New York and a graduate of the College of Physicians and Surgeons. He served as surgeon during the Civil War. Dr. Winston was for many years connected with the Mutual Life Insurance Company, lately as chief director.

Sir James Paget.—American, as well as British, surgeons and physicians will mourn the removal of Sir James Paget from earthly scenes. The deceased was well known to many of our countrymen personally and to all by his high attainments. He was not only a skillful operator, but he possessed decided talent as a speaker and writer. Sir James had reached the ripe age of eighty-six years. He was a native of Great Yarmouth and educated at St. Bartholomew's, London. Sir James was the author of a much-esteemed treatise: "Lectures on Surgical Pathology." He was also a frequent contributor to the transactions of the many societies of which he was a member. He had made many additions to our surgical knowledge.

William Buckingham Canfield, M.D., Baltimore, Md., editor of the Maryland Medical Journal, died in New York City. A month before, while in New York City, he fell from a step, fracturing his skull. For a time he improved, but meningitis developed. Dr. Canfield was born in Baltimore in 1857, took the degree of A.B. at Princeton and M.D. at the University of Maryland in 1880, and later from the University of Berlin. He was lecturer on clinical medicine at the University of Maryland, and had been editor of the Maryland Medical Journal about

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eight years. He was one of the founders and attending physicians of the Hospital for Consumptives, diseases of the chest being his special field.—Journal American Medical Association.

Professor Ogston.—Professor Ogston, of Aberdeen, whose criticisms of the British Army Medical Service at the last meeting of the British Medical Association excited so much comment, has gone to South Africa, not at the instance of the government, but in order to study military surgery. During his absence the lectures on surgery will be continued by Dr. Irvine Fortescue, the assistant professor.

Portrait of Sydenham. — A painting of the celebrated Dr. Thomas Sydenham has been presented to the Philadelphia College of Physicians by Dr. John K. Mitchell, of this city. The artist, Mrs. Anna Lee Merrit, is also a native of this city, although now resident in London. The portrait was copied from the original by permission of the Royal College of Physicians of London.

Editorial Changes.—Dr. George F. Butler has resigned the editorship of the Medical Standard. Our best wishes go with him into the sphere of labor which he has chosen. The chief editorial responsibility of the Medical Standard now rests upon Dr. Alfred S. Burdick, heretofore the very successful managing editor.

Dr. William Davis announces his resignation as junior editor of the Northwestern Lancet. Dr. Davis has been connected with that journal for nearly fifteen years, and it is largely to his faithful and skillful management that the Lancet gained the excellent position which it now occupies. We shall miss Dr. Davis from the editorial chair.

Tri-State Medical Association of the Carolinas and Virginia.—The second annual meeting of the above association will be held in Charleston February 20, 1900. This is a new society, but it numbers many able men among its membership, and its record for the first year is an enviable one. The meeting held in Charlotte last year was excellent in every feature, the transactions are about to be published, and the association will pay all its first year's expenses from its regular income. This is a record of which to be proud. The scientific program for the coming meeting is full of promise. The annual discussion will be upon the negro, his sexual life and character, the influence of his present surroundings, etc. The interesting and historical city of Charleston will doubtless provide with her accustomed hospitality for her visitors, and members will doubtless return to their homes saying "It was good to be there."

College of Physicians and Surgeons of Baltimore.—Dr. J. Gibbons Smart has been appointed Demonstrator of Surgery in the above institution.

The Influence of Odors upon the Milk of Cows. — The Echo Médical du Nord contains an interesting note on this subject. After referring to the well-known powers of milk for absorbing odors which flavor the milk—*i.e.*, those of onion, turpentine, tobacco-smoke, etc.—if the milk is allowed to stand in an atmosphere impregnated with them, the Echo cites a paper by Dr. Virt from the English Journal of the Royal Society of Agriculture, in which instances are adduced where a number of milch cows, having to pass a decomposing calf's body on their road to be milked, apparently imbibed the odor to such an extent as to distinctly taint their milk, and not only theirs, but that of other cows with which they mingled prior to milking. In another case the milk of twenty-five cows was tainted with a horrible odor. On searching for the cause, these cows were found to be pastured near the decomposing body of a horse. In both cases the removal of the carcass sufficed to put an end to the trouble. These observations show not merely the danger of leaving drawn milk in unwholesome places, but the absolute necessity for perfect cleanliness and sanitary environment for milk herds. Further,

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they suggest the idea that odors may materially influence the vital processes of the body and its secretions, and not merely prove disagreeable sensations and nerve-disturbers, and they lend color, moreover, to the material doctrine of the olfactory sense.—Gaillard's Medical Journal.

The Medico-legal Society. — At the annual dinner and election of officers of the Medico-legal Society of New York, the following were elected: President, Mr. Clark Bell, of New York; first vice-president, Dr. George L. Porter, of Connecticut; second vice-president, Dr. T. D. Crothers, of Connecticut.

West Virginia University.—Dr. Alfred E. Thayer, of New York, has been elected Professor of Pathology and Bacteriology in the West Virginia University at Morgantown.

Parturition Among the Esquimaux.—Gleaves, in a recent article, has written of this subject, having had the opportunity of being in attendance during an Esquimau labor. He writes that it is seldom that a "cablona" (white man) doctor is permitted to witness this trying ordeal. It is the custom among Esquimaux not to be confined in *igloo*, or house. The woman must go into the woods or brush, alone,—no one being allowed to be present,—and remain there with no food except a piece of dried fish for "five sleeps," when she is allowed to return to the *igloo*. Then she and her husband take a bath and change their undergarments. In the instance cited, Gleaves states that the birth of the child occurred in Alaska during January, when the temperature ranged from 30 to 40 degrees below zero, and while the mother, when found, was secreted in the brush in a snow pit, oval in shape, about two feet deep and six across. The only warmth obtained was from a smoky fire made with twigs. She lay on a reindeer skin, with no covering of any kind. "On my arrival at the parturient field I found the woman in labor on her knees, with buttocks resting on her heels, and having severe bearing down pains which came faster and faster and more severe until almost continuous, when the bag of waters ruptured. Hæmorrhage occurred, but she soon rallied again and expelled the placenta, whereupon she took a piece of sinew which had been prepared from the hock of a caribou, and ligated the cord as close to the umbilicus as possible, then severed the cord close to the ligature with a piece of serrated flint. She washed the babe in the snow, although it rebelled by kicking and squalling at such a cold reception. The woman wore a belt or a piece of thong to confine her 'parka' around the waist, and to it was fastened, by short deerskin thongs, bits of ivory, buttons, leather bags in which she kept tobacco, matches, and other small articles of value. After the snow-bath she placed her babe underneath the folds of her 'parka,' which is the usual place of the young Esquimau, and proceeded in a bent-over position with a staff in hand, stepping slowly and laboriously, leaving a trail of blood, to another snow pit about fifty feet away, which had been prepared. She would not remain any length of time at the place where the babe was born, for it is considered unclean." The mortality of both mothers and babes is said to compare favorably with our own death-rate.—Journal American Medical Association.

Immigrant Inspector. — Dr. Green, of Alabama, U. S. Marine-Hospital Service, has been detailed as medical *attaché* to the American consulate at Bremen, for the inspection of immigrants.

Inhalation of Hot Air and Flame.—From a course of experiments concerning the causes of the phenomena attending the inhaling of hot air and flame Dr. George W. Crile, of Cleveland, Ohio, concludes a paper in the Cincinnati Lancet-Clinic as follows:—

"The experimental evidence at hand tends to show that the direct effects of flame inhaled into the lungs, with the upper air-passages excluded, are not capable of caus-

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ing sudden death. When the flame is inhaled through the mouth and upper air-passages as well, a very marked reflex inhibitory action upon both the heart and the respiration is produced. In such a case, after a control has been taken (a control showing a characteristic inhibitory action upon the heart and respiration), when both vagi are severed, the inhibitory action upon the heart is wholly prevented, and, while the respirations are not so greatly altered in character, they do not wholly escape reflex influence. The same may be said of similar experiments in which physiological doses of atropine had been given. The great irregularity of the blood-pressure curve shows that two factors are at work in its production, the one an accelerating, the other an inhibiting; and in the cases in which blast of hot air or flame was introduced through the mouth, both of these factors were brought simultaneously into play, while in the experiments in which the flame was forced into the lungs through the trachea, but one factor—the accelerating—was active. In view of the fact that hot air and flame very markedly stimulate reflex inhibition of the heart and the respiration, it is quite probable that the sudden collapse from inhaling hot air or flame is due to the reflex inhibition of the cardiac and respiratory action, in the way just pointed out. Death may be caused in a few minutes by exhaustion of both the respiratory and the circulatory mechanisms from overstimulation.

Matrimonial.—On January 11, 1900, at the Walnut Street Presbyterian Church, West Philadelphia, Dr. Henry Vernon Marvel was united in the bonds of matrimony to Anne Cornelius, daughter of Mrs. Darius Mangam Howell. Dr. and Mrs. Marvel will be at home after February 1st at 4641 Cedar Avenue. May prosperity and happiness attend their course in life.

The Brooklyn Society of Neurology.—At the annual meeting officers for the ensuing year were elected as follows: President, Dr. William Browning; vice-president, Dr. C. F. Coombes; secretary, Dr. W. H. Haynes.

Louisiana Retreat for the Insane.—Dr. S. M. Fortier has been appointed attending physician to the Louisiana Retreat for the Insane, *vice* Dr. E. T. Shepard, deceased. Dr. Fortier has for a number of years served as assistant.

Orleans Parish Medical Society.—The following officers have been elected: President, Dr. T. S. Dabney; first vice-president, Dr. M. J. Magruder; second vice-president, Dr. E. J. Graner; third vice-president, Dr. H. B. Gessner; recording secretary, Dr. E. H. Walet; treasurer, Dr. M. Maguire; librarian and corresponding secretary, Dr. S. P. Deloup. Drs. E. D. Martin, John Callan, and Isadore Dyer were elected as the three members to serve, with the officers, as a Board of Directors.

The Eastern Medical Society of the City of New York.—At the annual meeting of this society the following officers were elected for the ensuing year: President, Dr. Abram Brothers; first vice-president, Dr. J. Guttman, second vice-president, Dr. A. Hymanson; secretary, Dr. R. Abrahams; treasurer, Dr. J. Barsky.

Dropsy of Renal Capsule.—Kirmisson operated on a girl, aged 12, with symptoms of left hydronephrosis. She suffered much pain, especially when riding in a carriage; so that renal calculus was suspected. On making the lumbar incision a pouch with an irregular surface was exposed. On emptying it the kidney was found deep down below it, and hardly dropsical at all. The fluid lay entirely between the kidney and its capsule.—British Medical Journal.

Insanity Caused by Fæcal Impaction.—Roberts was called upon to treat a lady, aged 65, who was seized with symptoms of dementia, characterized by intense restlessness, mutterings, distrust of her relatives, and an idea that she was reduced to absolute poverty. A local examination, made to de-

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termine the nature of a foul-smelling vaginal discharge, revealed the presence of an enormous mass of hardened excrement impacted in the rectum, which had ulcerated through the recto-vaginal septum. This mass was removed and in forty-eight hours the patient was perfectly sane.—Medical Standard.

Early Syphilitic Nephritis. — Allaria maintains that nephritis of syphilitic origin may occur in the secondary stage of syphilis. Such cases are distinguished clinically by the presence of anasarca, severe albuminuria (with presence of albumoses?), and cure under mercury-and-iodide treatment. The nephritis is partly parenchymatous, such as one gets in other infectious diseases, and partly interstitial, this last being due to the specific poison. The author describes a case of secondary syphilitic nephritis diagnosed as such during life, and presenting the above-named features when examined anatomically. Tertiary syphilitic nephritis has a more chronic course in the majority of cases, and the albuminuria is not so marked. —British Medical Journal.

The Method of Sherlock Holmes in Medicine. — Dr. G. W. Balfour recently expounded the method of Zadig to the York Medical Society. The method is practically identical with that of "Sherlock Holmes," the prototype of whom, it is well known, is a distinguished Edinburgh surgeon. Professor Van Duyse, of Ghent, appears to have found the method useful, and in opening the Ophthalmological Clinic of the University of that city not long ago he gave his hearers some illustrations of its application. A lady came to him complaining of intense pain in one eye, when he at once said to her, "Madam, you keep birds. Four days ago you cleaned out their cage; since then your eye has been bad." The patient was astounded at this instantaneous diagnosis which seemed to her almost miraculous. But the thing was very simple. A husk of grain had become implanted in the cornea; the lady had evidently blown into the seed glass, and a husk thus set floating about had stuck in her eye. The cornea showed a grayish halo at the site of the lesion, and was somewhat puffy at the edge; vascular reaction was beginning to show itself on the neighboring part of the ocular conjunctiva, and clinical experience had taught the observer that four days was about the time necessary to produce this state of things. In another case the patient was a nurse-maid, aged from 16 to 17, who came with a little boy, aged from 12 to 14 months, in her arms. She was suffering from trachoma, which had become acutely inflamed and was suppurating. Dr. Van Duyse at once forbade her carrying the child, and she promised to obey. When she returned two days later, however, the surgeon on seeing her, frowned, and said in a severe tone: "In spite of my prohibition you have been carrying the child. I shall be obliged to let your master and mistress know what is the matter with you." The girl stoutly denied that she had been carrying the child, but Dr. Van Duyse insisted that hardly twenty minutes before she had been carrying it on her right arm, and had handed it over to some one else at the door. The girl, amazed at the almost supernatural insight of the surgeon, confessed her transgression. Here, too, there was nothing more occult than a recent tell-tale trickle of urine running obliquely from right to left across the girl's apron. The art of observation may be cultivated by attention to such apparent trifles; and, as confidence in the doctor is the most potent of adjuvants, the method of Sherlock Holmes is a powerful aid to success in treatment. But it requires to be cultivated with patience and used with discretion, for an error is apt to cover the seer with ridicule, a misfortune which some of its most distinguished exponents have not always escaped.—British Medical Journal.

Consulting Surgeons with the British Army in South Africa. — Four additional consulting surgeons have been appointed: Sir William Stokes, Surgeon-in-Ordinary to the Queen in Ireland and Surgeon to the Meath Hospital, Dublin; Mr. Watson

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Cheyne, M.B., F.R.C.S., F.R.S., Surgeon to King's College Hospital and Professor of Surgery in King's College, London; Mr. G. L. Cheatle, F.R.C.S., Assistant Surgeon to King's College Hospital and Teacher of Practical Surgery in King's College; and Mr. Kendal Franks, F.R.C.S.I., late Senior Surgeon to the Adelaide Hospital in Dublin and Surgeon-in-Ordinary to the Lord Lieutenant of Ireland, who was for some time before the war resident at Johannesburg.—Lancet.

Parotitis in Old Age.—Walcott reports a case of mumps occurring in a retired physician, aged ninety-nine years and six months. The disease commenced with slight chilliness, followed later in the day by nausea and vomiting, pain about the angle of the jaw, with difficulty in opening the mouth. Upon examination a distinct swelling of the parotid gland was apparent. This continued to increase in severity for two days, until the right eye was completely closed and the ear in the middle of the swelling. The third day the swelling showed decided subsidence, but the heart's action commenced to fail, and near the close of the fourth day of illness the patient died. The case is of peculiar interest on account of the unusual occurrence of mumps in extreme old age.—Medical Standard.

Tumor of the Pituitary Body.—Walton, Cheney, and Mallory report the case of a man, 25 years old, who presented peculiarities of growth suggestive of congenital defect of the pituitary gland, in which attacks of migraine accompanied by hemianopsia had existed for so long as at first to exclude an organic basis. Later, there was persistent deficiency of vision involving primarily the temporal field of one eye only; subsequently extending to the nasal field of the other eye, and giving rise to homonymous hemianopsia. Still later there was loss of color-field on the otherwise unaffected side of one eye (hemiachromatopsia). During the progress of the case there was loss of sexual power, impairment of vision, and optic atrophy, the ocular symptoms with the persistent headache first establishing the diagnosis of tumor. Toward the end appeared vasomotor symptoms, somnolence, physical weakness and apathy, and lack of mental grasp. From a study of this case and of others recorded in the literature, the conclusion is reached that congenital peculiarities in growth resembling those of acromegaly, but occurring in otherwise healthy individuals, may point to structural defect of the pituitary gland: a defect sometimes furnishing the starting-point for new growth later in life. The occurrence of pituitary tumor without definite symptoms of acromegaly does not necessarily disprove a connection between this organ and this disease, for the persistence of even a small amount of healthy gland-tissue is sufficient fairly to carry on the function of the pituitary body. The combination of general symptoms of new growth with optic atrophy and loss of the temporal field of vision makes the diagnosis of pituitary tumor almost certain. Hemiachromatopsia is not necessarily of central origin.—Medical Record.

Western Surgical and Gynæcological Association. — At a meeting, held at Des Moines, Iowa, this association elected the following officers for the ensuing year: President, O. Beverly Campbell, of St. Joseph, Mo. First vice-president, A. C. Bernays, of St. Louis, Mo. Second vice-president, J. R. Hollowbush, of Rock Island, Ill. Secretary-treasurer, George H. Simmons, of Chicago. Executive Council, H. C. Crowell, chairman, of Kansas City, Mo.; Lewis Schooler, of Des Moines, Iowa; J. P. Lord, of Omaha, Neb.; J. E. Moore, of Minneapolis, Minn.; and M. L. Harris, of Chicago. Minneapolis was selected as the place for holding the next annual meeting. The Chairman of the Committee of Arrangements is A. W. Abbott.

Competition for the American Medical Association Medal.—At the meeting of the American Medical Association, held June 4, 1897, it was resolved to restore the former policy of the association in favor of offering

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annually a gold medal for meritorious scientific work. The committee for this year, consisting of Drs. George M. Gould, of Philadelphia; E. Fletcher Ingals, of Chicago; and T. W. Huntington, of Sacramento, Cal., desires to direct attention to the following rules governing the competition:—

1. The medal shall contain the seal of the United States or a seal of the association, to be hereafter designed, on one side and an Æsculapian staff on the other, together with the name of the recipient of the medal and suitable inscriptions.

2. The commercial value of the medal shall be $100.00.

3. A standing committee on prize-medals, consisting of three members of the association, shall be elected by the Business Committee as follows: One for one year, one for two years, and one for three years, and thereafter one to be elected yearly to hold office until in either case his successor has been duly elected. In no case shall a member of the Business Committee hold a place on the Committee on Prize-medals.

4. The competing essays shall be typewritten or printed, and shall bear no mark revealing their authorship; but, instead of the name of the author, there shall appear on each essay a motto, and accompanying each essay shall be a sealed envelope containing the name of the author and bearing on its outer surface the motto of identification. No envelope is to be opened by the committee until a decision has been reached as to the most deserving essay, and the other essays have been returned to their respective owners. The committee shall have authority to reject and return all essays in case none has been found worthy of the association medal. Competing essays must be in the hands of the committee not later than March 1, 1900. For further information address any member thereof.

Dr. Henri Forestier.—Dr. Henri Forestier, physician to the Thermal Establishment at Aix-les-Bains, France, has been visiting this city recently while on a tour to the United States. Dr. Forestier is well and favorably known to many Americans, the patronage at the baths consisting largely of American and English people. Dr. Forestier is the author of an excellent *brochure*, descriptive of the virtues of the waters, the modes of their application at Aix-les-Bains, and the diseases to which they are appropriate. The method consists of douche-massage, or douche combined with massage. Two other thermal practices, the general and the local vapor-bath, are used as accessories. The Aix water is hot, contains sodium, calcium, sulphuretted hydrogen, and an organic matter which gives it an unctuous quality suitable for massage. Some of the diseases in which the Aix treatment is beneficial are chronic rheumatism, gout, rheumatoid arthritis, cardiac diseases, gonorrhœal arthritis, syphilis, diseases of the nervous system, etc.

Lycoming County Medical Society.—A memorable day in the annals of the Lycoming County Medical Society of this State was January 12th, when the fifty-first annual meeting was held and the banquet enjoyed.

The meeting took place at the Park Hotel at Williamsport, Pa. Many of our readers know the beautiful scenes amid which our brethren of the Lycoming County Society carry on their daily work. Truly, "their lines are fallen in pleasant places." After the election of officers and the president's address, addresses were delivered by Dr. Alfred Stengel, of Philadelphia, and Dr. John C. Hemmeter, of Baltimore, the former choosing for his subject "The Modern Methods of Diagnosing and Treating Heart Diseases" and the latter speaking upon "The Absorption of Iron from the Gastro-Intestinal Canal and the Dietetics of Anæmia" and also upon "The Early Diagnosis of Carcinoma of the Stomach." The banquet, "a feast of reason and a flow of soul," was held in the evening at 7.30 o'clock.

Announcement.—E. B. Treat & Co., of New York, announce the approaching issue of their well-known "International Medical

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Annual" for 1900, this being the eighteenth consecutive year of its publication. No pains have been spared to make the forthcoming edition complete, and it is believed that the 1900 annual will excel any of its predecessors.

The January Magazines.—*The "New Lippincott."*—This magazine opens the year with a complete novel entitled "The Bread Line," by Albert Bigelow Paine. It is a story of Bohemian life in New York, and is full of sensations and episodes. A series of studies of Mormon life by Mrs. J. K. Hudson begins in this number with a story called "The Third Wife." This number contains several good short stories, a number of sketches, a third paper by Ignota on English social life, and other interesting matter. Lippincott's has long been a favorite serial.

McClure's.—The January number of this publication is, as usual, full of well-written articles on timely topics. The present leading feature of the magazine is a topic which is ever timely, viz.: the life of Christ on earth. This, under the title of "The Life of the Master," has been written with the greatest care by Dr. John Watson, the author of the "Bonny Brier-bush." The work has been under preparation for several years. It is illustrated by pictures made in Palestine for the purpose by Corwin Knapp Linson. The first section of this important work appeared in the December edition. Other contributions of note are by Mark Twain, Governor Boutwell, Prof. Simon Newcomb, Lieutenant Peary, Rev. C. T. Brady, and others.

Scribner's.—This is a standard magazine. The chief features of the January issue are an installment of J. M. Barrie's new novel: "Tommy and Grizel." This is considered by many to be Mr. Barrie's best work. A second prominent series is a "Life of Oliver Cromwell," by Theodore Roosevelt. Mr. Roosevelt is unusually well qualified by nature, taste, and training to draw a life-like picture of the great Protector. Cromwell's greatness is beyond dispute, no matter what may be thought of his character. His influence at an important period will always make him a commanding historical character. Sketches of life in New York and Paris, an article dealing with the Philippines, and miscellaneous literary matter render the January edition an auspicious beginning of the year. This magazine announces a number of interesting articles for the present year. In addition to those already mentioned we are promised fiction and special articles by Richard Harding Davis; "The Russia of To-day," by Henry Norman; articles by Walter A. Wyckoff, whose series, "The Workers," deservedly attracted so much attention. Short stories will be published by Thomas Nelson Page, Octave Thanet, and other favorite writers. Descriptive papers upon a variety of subjects are also to be given during the year.

The Cosmopolitan. — The Cosmopolitan offers its readers an interesting literary feast for January in a stirring story of "The Lady of the Ship," by A. T. Quiller-Couch; a story called "Dizzy Dave," by John Luther Long; an amusing Irish tale by Seumas MacManus; an article upon Berlin by former Consul-General Charles de Kay, etc.

Review of Reviews.—The future of Cuba and Porto Rico, the Philippine question, financial legislation in the new congress, Secretary Root's report, the British reverses in South Africa, and the recent progress of American municipalities are some of the topics editorially treated in the January edition. The subject of the character-sketch is Secretary John Hay. The writer of the sketch is Mr. Henry Macfarland, the well-known Washington correspondent. The Hon. John Barrett writes with his accustomed clearness and force on "Our Interests in China—A Question of the Hour." Prof. Edwin O. Jordan, of the University of Chicago, writes on the Chicago drainage canal, mainly from the point of view of sanitation. Mr. Albert C. Stevens gives an interesting account of modern fraternal insurance associations, of

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which nearly two hundred are now in operation in this country on what is known as the "lodge" system. "The Vital Question of Pure Food" is the subject of an article by Mr. Harry B. Mason. Jack London writes on "The Economics of the Klondike," forecasting, in a measure, the material progress of that wonderful region under natural conditions of development. For the benefit of people who have found it difficult to get an authentic statement of just what was done at the Hague conference last summer, the Review of Reviews prints the full text of the arbitration agreement now before the United States Senate for ratification, with an explanatory statement by Prof. John Bassett Moore, of Columbia University.

Ladies' Home-Journal.—Thirty-two authors, ten illustrators, and eight photographic artists contribute to the excellent January issue of The Ladies' Home-Journal. Among the special features are "The Home-coming of the Nakannies," by W. A. Fraser; "The Boer Girl of South Africa," by Howard C. Hillegas; "Where the New Century Will Really Begin," by John Ritchie, Jr.; "A Merry Woman's Letters to a Quiet Poet," edited by S. T. Pickard; "The Mother of the Stars," by Amelia H. Botsford; "A National Crime at the Feet of American Parents," by Edward Bok; "The Minister and the Organ," by Ian Maclaren; "The Rehearsal of a Play"; "Molly Donahue's Musicale," by the author of "Mr Dooley"; "Edith and I in Paris," "Her Boston Experiences," "The Autobiography of a Girl," etc. Published by The Curtis Publishing Company, of Philadelphia, at one dollar a year; ten cents a copy.

Dr. Robert Fletcher. — Dr. Robert Fletcher, principal assistant librarian of the Surgeon-General's library, Washington, D. C., began a course of lectures on forensic medicine at the Johns Hopkins Hospital on January 5, 1900.

South Texas Medical Association.—This association held its seventh semi-annual session recently, in Houston, Texas, and the newly-elected officers are: President, J. H. Ruess, of Cuero; vice-presidents, R. T. Morris, of Houston, and J. T. Moore, of Galveston; secretary and treasurer. D. S. Weir, of Houston. The next meeting will be at Beaumont.

Columbus Academy of Medicine.—At the annual session of the academy, Columbus, Ohio, the following officers were elected: President, A. Timberman; vice-president, C. A. Cooperrider; secretary, A. M. Steinfield; treasurer, F. W. Blake.

Dr. Edmund C. Brush.—Dr. Edmund C. Brush, of Zanesville, Ohio, has been appointed surgeon-general on the staff of the governor of that State.

St. Vincent's Hospital.—Drs. Charles H. Lewis and José M. Ferrer have been appointed visiting physicians to St. Vincent's Hospital, New York.

Royal Academy of Medicine of Ireland.—Professors William Osler and Howard Kelly, of Baltimore, have been elected honorary members of the Royal Academy of Medicine of Ireland.

Wills Eye Hospital. — Dr. Burton K. Chance has been appointed assistant surgeon, and Dr. Walter Blair Weidler resident surgeon, to the Wills Eye Hospital of Philadelphia.

Woman's Medical College.—Dr. Thomas G. Ashton, of the Jefferson Medical College, Philadelphia, has been elected Associate Professor of Medicine in the Woman's Medical College of Philadelphia.

Minnesota Academy of Medicine. — The academy held its annual meeting in St. Paul, and elected the following officers: President, C. E. Riggs, of St. Paul; vice-president, H. M. Bracken, of Minneapolis; secretary-treasurer, R. O. Beard, of Minneapolis.

Craig Colony for Epileptics.—Dr. James Wright Putnam, of Buffalo, has been appointed consulting neurologist to the Craig Colony.

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Book Reviews.

A Practical Treatise on Medical Diagnosis for Students and Physicians. By John H. Musser, M.D., Professor of Clinical Medicine in the University of Pennsylvania, etc. Third Edition, Revised and Enlarged. Illustrated with 253 Woodcuts and 48 Colored Plates. Lea Brothers & Co., Philadelphia and New York.

This is a valuable treatise. The rapid succession of three editions is an evidence that it has been appreciated by the profession. Its contents are well arranged and the diagnostic points are given with scientific exactness. All the recent methods which have contributed to increased accuracy of diagnosis are presented to the reader in this work.

The art of identifying disease must necessarily lie at the foundation of rational treatment. Without reasonable accuracy in this important branch the practice of medicine degenerates into a mere empirical treatment of symptoms. In this work the significance of symptoms is studied in relation to the various morbid conditions by which they may be produced. The differential points by which affections are separated are clearly noted in this work, which can be cordially recommended. The illustrations and typography are excellent and the index has been carefully prepared.

A Practical Treatise on Materia Medica and Therapeutics. By Roberts Bartholow, M.A., M.D., LL.D., Professor Emeritus of Materia Medica, General Therapeutics, and Hygiene in the Jefferson Medical College of Philadelphia, etc. Tenth Edition, Revised and Enlarged. New York: D. Appleton and Company, 1899.

Professor Bartholow's work has been so long before the professional public and has been so highly esteemed in our colleges that words of commendation at the present time are perfunctory. The tenth edition is constructed on the same lines which have become so familiar to successive bodies of students. The author has kept steadily in view the progress of the practical department with which he is concerned, and has embodied in his work the principal newer remedies which seem to have, in clinical experimentation, proved their worth. So rapid has been the development of synthetic productions that it is confessedly a difficult task to keep pace with the strides of chemical discovery. In this volume the reader will, at all events, acquire trustworthy information regarding those most in demand. In order to make space for the introduction of new topics the author has discarded many of the references to authorities with which previous editions were perhaps overloaded. The typographical appearance of the book is all that could be desired.

Operative Surgery. By Joseph D. Bryant, M.D., Professor of the Principles and Practice of Surgery, Operative and Clinical Surgery, in the University and Bellevue Hospital Medical College, etc. Volume I. General Principles; Anæsthetics; Antiseptics; Control of Hæmorrhage; Treatment of Operation-wounds; Ligature of Arteries; Operations on Veins, Capillaries, Nervous System, Tendons, Ligaments, Fasciæ, Muscles, Bursæ, and Bones; Amputations; Deformities; Plastic Surgery. This Volume contains 749 Illustrations, 50 of which are Colored. New York: D. Appleton and Company, 1899.

This is the third edition of an undoubtedly excellent work. It is one which will well repay study. The author has spared himself no pains to give to the reader the benefit of the most recent researches in the field of surgery. How rapidly surgical methods and procedures have changed within the past few years is appreciated by every practitioner of the art, and perhaps best of all by him who prepares a textbook. The labor involved in revising successive editions can scarcely be overestimated. Professor Bryant has acquitted

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himself well in this difficult task. His work bears everywhere the marks of the practical, judicious, and progressive surgeon. None will regret its purchase and study.

Index-catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects. Second Series. Volume IV. D-Emulsions. Washington: Government Printing-office, 1899.

This truly monumental work cannot be too highly esteemed by those who wish to review the recent literature of any subject connected with medicine and surgery. Its value must be all the more fully realized since the regrettable suspension of the Index Medicus has forced the students of professional literature to rely upon other publications. The library of the Surgeon-General's Office is so vast that it is representative of the publications of the civilized world. The library now contains 130,708 bound volumes and 220,839 pamphlets. The volume before us includes references by title to subjects and authors from "D" to "Emulsions." The preparation of successive numbers of such a work is an herculean task, one for which the American profession cannot be too grateful or of which they cannot be too proud. It is a specimen of painstaking scholarship.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College. Volume IV. December, 1899. Diseases of Digestive Tract and Allied Organs, the Liver, Pancreas, and Peritoneum—Genito-Urinary Diseases in the Male, and Syphilis—Fractures, Dislocations, Amputations, Surgery of the Extremities, and Orthopædics—Diseases of the Kidneys—Physiology—Anatomy—Hygiene—Practical Therapeutic Referendum. Philadelphia and New York: Lea Brothers & Co., 1899.

The readers of successive volumes of this series have presented to them in an acceptable form a summary of the progress of the day in all departments of medicine. The title-page of the present volume sufficiently indicates its scope. It deals with extremely important subjects, in some of which new discoveries or methods have been notably significant. None can have read the medical journals attentively without observing the numerous communications developing novel views connected with disease of the digestive organs, these views themselves depending upon advances which have been made in organic chemistry and physiology. These additions to our knowledge are, in volume iv, chronicled by Professor Charles G. Stockton, of Buffalo. The progress of knowledge relative to diseases of the male genito-urinary system is described by Professor William T. Belfield, of Chicago, whose clinical and pathological experience renders him an excellent judge of the value of current contributions to the literature of this topic. To Dr. Joseph C. Bloodgood, of Johns Hopkins, has been confided the task of recording new matter concerning the surgical subjects included in this volume. Prof. John Rose Bradford, of London, Eng., writes of the latest contributions to the literature of renal disorders. The article on "Physiology" is from the pen of Professor Albert P. Brubaker, of Jefferson Medical College.

In this section Brubaker has chosen, from the abundant material which has been published during the past year, those subjects which have a distinct reference to the problems of clinical medicine. In his article upon "Anatomy" Prof. Frederic H. Gerrish, of Portland, Me., devotes the greatest amount of his space to the question of reform in anatomical nomenclature. The section upon "Hygiene" is prepared by Dr. Henry B. Baker, of the Michigan State Board of Health, one of the most experienced sanitarians in the country. The immense mass and variety of information upon the topics considered in this volume have

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been compressed and welded into a continued thread of description which cannot fail to be appreciated by the reader.

A Manual of the Diagnosis and Treatment of the Diseases of the Eye. By Edward Jackson, A.M., M.D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic, etc., with 178 Illustrations and 2 Colored Plates. Philadelphia: W. B. Saunders, 1900. Price, $2.50 net.

This is a most excellent and useful work. It is not intended as a complete and elaborate treatise on ophthalmology, but as an introduction to the subject, and, especially, as a guide to the beginner in the exercise of his profession and to the general practitioner. Stress is accordingly laid on all those conditions or diseases which are likely to come under the observation of such physicians. Particular attention is also given in a special chapter to the ocular symptoms and lesions connected with general disease. As regards his authorities, other than personal, the author has taken care to select and specify those most accessible to the American physician. For those in search of wider knowledge he likewise names the leading works. From all which statements, fortified by the fact of Dr. Jackson's large experience and ability as a writer, it will be perceived that this volume is exceedingly well adapted to serve its intended purpose.

Refraction and How to Refract. Including Sections on Optics, Retinoscopy, the Fitting of Spectacles and Eye-glasses, etc. By James Thorington, A.M., M.D., Adjunct Professor of Ophthalmology in the Philadelphia Polyclinic and College for Graduates in Medicine; Assistant Surgeon at Wills Eye Hospital; Associate Member of the American Ophthalmological Society; Fellow of the College of Physicians of Philadelphia; Member of the American Medical Association; Ophthalmologist to the Elwyn and the Vineland Training-schools for Feeble-minded Children; Resident Physician and Surgeon Panama Railroad Company, at Colon (Aspinwall), Isthmus of Panama, 1882-'89, etc. 200 Illustrations, 13 of which are Colored. Octavo. 301 Pages. $1.50 net, Cloth. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa.

This is another manual, and is written for the purpose of instructing the younger element of the profession in the principles which relate to refraction. The manner in which the work has been prepared could scarcely be improved. The reader is constantly and systematically led from the more simple to the more abstract laws of optics. He is taught the normal and the abnormal eye, and, finally, how to make correction. The style is direct and simple. The text is plentifully illustrated by well-executed plates. Most of these were drawn and photographed by the author. Errors of refraction are so common and cause so much trouble that all young medical men should make a point to obtain some practical knowledge of this kind of work. For such students Dr. Thorington's book will be found a reliable guide.

Coca and its Therapeutic Application. By Angelo Mariani. With Illustrations. Third Edition. New York: J. N. Jabos, 1896.

This *brochure* is devoted to a detailed description of the coca-plant. This drug, although capable of abuse, possesses important properties. Its physiological and therapeutic actions, together with the sources from which an unadulterated supply are to be obtained, are described by M. Mariani, who has given much time and study to the subject.

Notes on the Modern Treatment of Fractures. By John B. Roberts, A.M., M.D., Professor of Surgery in the Philadelphia Polyclinic, etc. With 39 Illustrations. New York: D. Appleton and Company, 1899.

There is no class of injuries which occasions more anxiety on the part of the sur-

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geon than fractures. To this variety of accidents Dr. Roberts has given particular attention. Being a skillful anatomist and possessed of mechanical abilities, he has, in a number of instances, succeeded in simplifying the previous modes of treatment. In these "Notes" the author has embodied a very interesting series of observations, and summed up the results of his experience concerning many debated points relative to fractures. The book can be read with profit.

Hæmorrhoids and other Non-malignant Rectal Diseases. Diagnosis and Treatment. By W. P. Agnew, M.D. Fourth Edition. Pacific Press Publishing Company, 1899.

This is a well-written and interesting little book. There can be no doubt that rectal diseases do not always receive the attention they merit. As, however, they are productive of great suffering, we should study them as carefully as those of any other organ, and give them equally conscientious treatment. The present work is limited in its scope, but it refers to those maladies which are most frequent, and for which, therefore, the physician will be most frequently consulted. The author is an advocate of the injection method of treating hæmorrhoids. He presents strong arguments in behalf of his opinions and practice.

Recollections of a Rebel Surgeon (and other Sketches), or In the Doctor's Sappy Days. By F. E. Daniel, M.D. Illustrated. Von Boeckmann, Schutze & Co., 1899.

Dr. Daniel has prepared an interesting book which may while away many a weary moment. It contains a collection of amusing incidents which occurred during the unhappy period of the war between the States. It is a blessed circumstance that even in the storm and stress of civil war genial natures can still detect the humorous aspects of events. After the lapse of a generation the survivors of that fierce and bloody conflict can recall its history without bitterness. Men like Dr. Daniel love to dwell upon the lighter and brighter scenes of military service. Of such the author narrates many humorous anecdotes which justify our anticipations in regard to his book. Doctors usually appreciate the gayer side of life for the reason, perhaps, that they are so often and so inevitably brought in contact with its graver features. All will do well to procure a copy of the book.

Loveliness. A Story. By Elizabeth Stuart Phelps. Boston and New York: Houghton, Mifflin, and Company, 1899.

Miss Phelps is an artistic writer, and has published much that has the stamp of excellence, but the present work will not add to her fame. In the guise of a story it is an *ex parte* argument against vivisection. "Loveliness" is a sentimental name for a dog. This particular dog belonged to an invalid child, was stolen, but regained just as it was about to be tortured by vivisection in the presence of a class of students. There is nothing more easy and nothing more useless than to fight a man of straw. When people start to write such a book as this they set up a man of straw. It is natural for a child to become warmly attached to a faithful dog, especially one who, like "Loveliness," had been instrumental in saving her life. The picture is overdrawn, however, as the little girl grieves as bitterly over the loss of her pet as she could over that of her parents, who, moreover, are unable to alleviate her affliction by their presence and love.

Authors of books of this kind "draw on their imagination for their facts." Miss Phelps is no exception. Vivisection is not practiced in the manner here portrayed.

A Manual of the Practice of Medicine Prepared Especially for Students. By A. A. Stevens, A.M., M.D., Professor of Pathology in the Woman's Medical College of Philadelphia, etc. Fourth Edition, Revised and Enlarged. Illustrated. Philadelphia: W. B. Saunders, 1898. Price, $2.00 net.

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Dr. Stevens's work has been recognized as a good one of its class. Its purpose is indicated on the title-page, and to that purpose it remains true. The undergraduate student does not require comprehensive treatises. It is the time in which he is to lay the ground-work of a life-time of study. He needs to master the fundamental principles of his profession. The more elaborate details will be gradually acquired in later years and in connection with his practical duties by the bedside. In the field of elementary instruction the present book will undoubtedly be found useful. A good foundation will be laid by the faithful study of this manual. In preparing this edition the author has made changes and additions in accordance with the progress of clinical and scientific investigation and experience. These modifications principally relate to diseases of the blood, ductless glands, pancreas, certain diseases of the nervous system, etc.

Histology and Pathology. A Manual for Students and Practitioners. By John Benjamin Nichols, M.D., Demonstrator of Histology in the Medical Department of Columbian University, Washington, D. C., and Frank Palmer Vale, M.D., Assistant in Pathology in the Medical Department of the University of Georgetown, Washington, D. C. Lea's Series of Pocket Text-books. Series Edited by Bern B. Gallaudet, M.D., Demonstrator of Anatomy and Instructor in Surgery in the College of Physicians and Surgeons, Columbia University, New York, etc. Lea Brothers & Co., Philadelphia and New York.

This is an excellently devised and executed series. Preceding volumes have been noticed in these columns, and we find that the present manual is worthy to take its place on the same plane with its companions of the series. In the book before us the structure of the human tissues in health and the modifications affected by disease are portrayed in the clearest possible manner. The subject is one which lies at the foundation of scientific practice, one with which every physician should possess a reasonable acquaintance, and one which, moreover, is of decided interest for all who love biological studies. The fundamental facts of histology are clearly described in this work, which can be recommended for the student and young physician. The illustrations assist the descriptions of the text.

CURRENT MEDICAL LITERATURE.

The Diagnostic Value of Abdominal Palpation in Diseases of the Intestines. By Charles D. Aaron, M.D., Instructor in Materia Medica in the Detroit College of Medicine, Detroit, Mich.

Hydrochloric Acid, Simple Method of Administering. By Charles D. Aaron, M.D., Consulting Gastro-enterologist to Harper Hospital; Lecturer on Dietetics in the Detroit College of Medicine, etc., Detroit, Mich.

The Failure of Antitoxin in the Treatment of Diphtheria. By J. Edward Herman, M.D., Brooklyn, N. Y.

Acute Gastro-Intestinal Affections in Children. By George M. Wells, M.D., Professor of Diseases of Children in the Medical Department of the University of Oregon.

Circumstances under which Chloroform is Preferable to Ether as an Anesthetic. By George W. Gay, A.M., M.D., Visiting Surgeon to the Boston City Hospital.

The Hydriatic Treatment of Pneumonia. By R. K. Macalester, M.D., Glenwood Springs, Col.

Asepsis in Obstetrics. An Address on Obstetrics Delivered at the University of Pennsylvania, January 19, 1899, by J. Clifton Edgar, M.D., New York, Professor of Obstetrics and Clinical Midwifery in the Cornell University Medical College; Attending Physician to the Society of the Lying-in Hospital.

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COMMERCIAL NEWS.

Reduction of Bodily Temperature.

The solution of the problem of reduction of bodily temperature by the administration of medicaments without the production of concomitant disagreeable after-effects due to the drug itself is difficult. We know that in grip, pneumonia, grip-pneumonia, and typhoid fever our chief aim is to reduce temperature, exert soothing action on the central nervous system, and support the patient. We have had in the past the choice of many drugs for this purpose, but most of them have been rejected for the reason that, while accomplishing some of the results wanted, such disagreeable phenomena have followed their administration that of necessity the practitioner, fearful of bad effects on both the cardiac and central nervous systems, protected both himself and his patient by instituting other measures of treatment. The goal toward which we have been striving so long is the finding of some combination which will effect what is desired and yet will produce no untoward symptoms. In liquid antipyretic (Tilden's) we have found that remedy. It reduces the temperature; produces a feeling of well-being instead of the pains and aches of the malady which we are fighting; no cardiac depression follows its use, and convalescence is speedily established. It is, therefore, indicated in conditions of pain, in grip, pneumonia, typhoid fever, and in all low fevers of malarial origin.

An Interesting Experiment.

At the meeting of the Western Surgical and Gynæcological Society the last week of December an exceedingly interesting incident took place. In 1870 Messrs. William R. Warner & Co. filled an order for pills for Messrs. Chilcote & Cook, of Washington, Iowa. One of the bottles being still on hand, it was forwarded to Dr. Wilton McCarthy, of Des Moines, Iowa, to test the solubility of the pills before the above-mentioned society. The following correspondence explains the results fully.

Washington, Ia., Dec. 23, 1899.

W. W. McCarthy, M.D., Des Moines, Ia.

Dear Sir: Having some pills manufactured for us by William R. Warner & Co. in the latter part of 1870 (at the request of Dr. W. E. Fraser, then a practicing physician in this place) which are still in good condition and thinking it might be of interest to the physicians who meet in Des Moines during the coming week to see a pill, made twenty-nine years ago, in as good condition as these are, we forward them for your and their inspection.

A manufacturer who places on the market goods which stand the test these have is worthy of commendation.

Yours truly,

(Signed) Chilcote & Cook.

State of Iowa, } *ss.*
Washington County, }

Subscribed and sworn to before me this twenty-third day of December, 1899.

(Signed) L. E. Latta,
Notary Public.

Des Moines, Ia., Jan. 1, 1900.

William R. Warner & Co.:

I am pleased to inform you that the pills which were made by your firm in 1870,—and sent to us by Chilcote & Cook, of Washington, Iowa,—were tested as to their solubility at the meeting of the Western Surgical and Gynæcological Society, held in our city last week. They were readily soluble in water at a temperature of 100 degrees, — and were completely disintegrated at the expiration of fourteen and one-half minutes.

Respectfully,

(Signed) Wilton McCarthy, M.D.

Messrs. Warner & Co. have had on exhibition since 1873 a mahogany case filled with sugar-coated pills. After a quarter of

(Continued on Advertising Page 18.)

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SUPERIOR TO PEPSIN OF THE HOG

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

W. R. Warner & Co.'s Soluble Sugar and Gelatin Coated Pills.

DYSMENORRHEA.

Pil. Potass. Permang. . . . 1 gr.
Dose, 1 to 3. 45c. per 100.

Pil. Potass. Permang. . . . . 2 grs.
Dose, 1 to 2. 60c. per 100.

DIURETICS.

Pil. Diuretic.

℞ Sapon. Hispan. Pv. . . . . 2 grs.
Sodii Carb. Exsic. . . . . 2 grs.
Ol. Baccæ Junip. . . . . 1 gtt.
Dose, 1 to 3. 30c. per 100.

Parv. Cantharidis . . . . . 1/10 gr.
Dose, 1 to 2. 20c. per 100.

HYSTERIA.

Pil. Phos. cum Zinc Co.

℞ Phosphori . . . . . 1/10 gr.
Zinci Sul. . . . . 1 gr.
Lupulin . . . . . 1 gr.
Dose, 1 to 2. 90c. per 100.

Pil. Sumbul Comp.

℞ Ext. Sumbul . . . . . 1 gr.
Asafetida . . . . . 2 grs.
Ferri Sulph. Exs. . . . . 1 gr.
Ac. Arsen. . . . . 1/10 gr.
Dose, 1 to 2. $1.00 per 100.

LEUCORRHEA.

Pil. Phos. cum Zinc Co.

℞ Phosphorus . . . . . 1/10 gr.
Zinc Sul. . . . . 1 gr.
Lupulin . . . . . 1 gr.
Dose, 1 to 2. 90c. per 100.

For sale by all druggists or sent by mail on receipt of price.

WILLIAM R. WARNER & CO.,

Philadelphia, New York, Chicago.

LARGEST PILL FACTORY IN THE WORLD.

PHYSICIANS PRESCRIBE

GRANULATED EFFERVESCENT

ALKALITHIA

FOR

RHEUMATISM,

AND OTHER DISEASES CAUSED BY

URIC ACID EXCESS,

WITH THE BEST RESULTS.

KEASBEY & MATTISON CO.,

AMBLER, PENNA.

Always Specify "Keasbey & Mattison" When Prescribing.

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a century they do not show the effects of age, but are as good as when first made, which means they are perfect pills.

Maltine cum Creasote.

Dr. G. A. Kirker, of Detroit, Mich., President of the Wayne County Medical Society, says: "I recently prescribed maltine with creasote in a case of capillary bronchitis, the results being highly satisfactory. The patient was a male adult who manifested the most aggravating and distressing symptoms. After three weeks' treatment, in which maltine with creasote was the chief remedy administered, there was marked improvement. All the worst symptoms were abated, a general building up of the whole system followed, and the patient gained steadily in flesh.

"I attribute the good results in this case entirely to maltine with creasote, which I consider a most fortunate combination. The preparation should be brought more generally to the attention of the medical profession, and should be accorded a prominent place among our most valued therapeutic agents."

The Best Instrument for Vapor-massage.

Vapor-massage is rapidly increasing in favor with the medical profession as its great value in the treatment of affections of the nose, throat, middle ear, bronchial tubes, and lungs is more widely known. Remarkably satisfactory results have been reported by many prominent observers.

Vapor-massage consists in the application of nebulized vapor under pressure, with more or less frequent interruptions, producing a vibratory effect, which acts favorably upon the circulation and other vital processes in the involved areas,—just as manual massage acts upon the superficial tissues,—besides applying suitable medicinal agents to the mucous membrane. This very successful method of treatment was first introduced several years ago through the invention of an instrument which is known as the Globe multinebulizer, consisting of a series of nebulizers which communicate with a central storage chamber having a specially constructed valve at its outlet, by means of which the nebulized vapor can be stored under pressure and delivered in a constant or intermittent current at any desired pressure.

Since the value of this method of treatment has been established beyond question, numerous imitations of the original instrument have appeared. As usual, they are of questionable quality, and, since success or failure depends very largely upon the reliability of the apparatus used, those who wish to employ this method in their practice should be careful to select the original device (the Globe multinebulizer), which possesses many valuable features not found in any of its imitations. Full information can be had by writing the Globe Manufacturing Co., Battle Creek, Mich.

Treatment of a Case of Facial Neuralgia.

Bernays ("Report of a Surgical Clinic") cites a peculiarly obstinate case of facial neuralgia, with treatment. The patient was a lady, aged 50 years, who showed a good family history and whose previous health was also good. The trouble began with a severe neuralgic toothache of her lower right molars, and was paroxysmal at first, but after two months became continuous. The paroxysms generally occurred in the early morning, and entailed much acute suffering. The pain was relieved by biting strongly upon some firm object, but returned immediately when the pressure was removed. The touch of anything cold or hot promptly excited a paroxysm. A moderate heat when sustained produced the opposite effect. In the effort to afford relief four molars were extracted, but without success. The patient strenuously held out against the use of narcotics in any form throughout the entire course of the disease.

(Continued on Advertising Page 20.)

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Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

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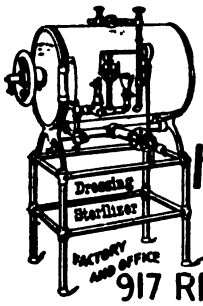

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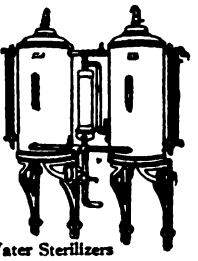
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Antikamnia in 10-grain doses (two 5-grain tablets) was found efficient as an obtundent, and was relied upon exclusively. Eight weeks after section of the nerve, when the report was written, there had been no return of her former trouble in any degree.—The Medical News, January 13, 1900.

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"While fully realizing the superfluity of further testimonials concerning a remedy so well and favorably known to the entire medical profession as is sanmetto, yet as I possess an extended knowledge of its reliability based on several years' clinical experience and on the treatment of hundreds of cases in which it has proved itself eminently fitted to lighten the cares of the genito-urinary surgeon, I am perhaps invested with a certain authority which should permit me the privilege of adding my meed of praise. In all the inflammatory conditions of the genito-urinary tract, from the meatus to the pelvis of the kidney, the administration of sanmetto is invariably beneficial. It not only renders the urine bland and unirritating, but also exerts a specific action on the inflamed tissues, soothing and restoring the tonicity of the parts. Its tonic action on the prostate is of such a nature that it proves of equal advantage in cases of either hyperplasia or of atrophy, and there is no remedy so uniformly successful in the treatment of atonic impotency or presenility. I have found it of inestimable service in the preliminary preparation of cases requiring surgical interference, and, combined with salol, use it constantly to secure urinary antisepsis. I am fully of the opinion that sanmetto represents all that could be hoped for or desired as an internal remedy for genito-urinary conditions. H. R. Weber, M.D., Univ. of Maryland School of Medicine, 1886; Member Amer. Med. Assoc., etc.; Chicago, Ill."

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A duster, particularly that potent distributor of germs the feather-duster, should never be used in the room habitually occupied by a consumptive. The floor, woodwork, and furniture should be wiped with a cloth moistened with a mixture of Platt's chlorides and water (1 part to 8). If carpeted, the floor should be well sprinkled with this dilution before sweeping. The cuspidor should be washed out daily with boiling water and a mixture of 1 part of Platt's chlorides and 4 parts of water kept constantly in it to receive the sputum.

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(Continued on Advertising Page 22.)

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can frequently cure gonorrhœa without any other remedy. I use either as an injection, and prescribe the dark internally, where there is irritability about the mouth of the bladder. I have learned to regard it as a specific. In chronic cystitis I have derived great benefit from it, and in leucorrhœa it relieves when many other remedies fail. It is a valuable remedy, and I have had marked success with it."

The Electrical Review.

The Electrical Review, of New York City, begins the new year with a special double number, which is remarkable for its valuable contributions, handsome illustrations, and typography. A new dress of type, a change in the color of the cover, and a more up-to-date arrangement of reading pages are some of the improvements made. The contents include a review of electrical progress during 1899 in the United States, Great Britain, and the continental countries of Europe; the first installment of an interesting series of articles on the electrical collections at the Smithsonian Institution and the National Museum in Washington, D. C.; "A New Military Telephone," by Captain John P. Wisser, U. S. A.; "Quantity Discharges of Electricity," by Prof. John Trowbridge, of Harvard University; "The Energy of Telephone Currents," by E. W. Caldwell; several illustrated articles descriptive of typical central lighting plants, and the current news of the day in electrical circles. Its leading editorial is entitled "Is Transatlantic Wireless Telegraphy Possible?" The Electrical Review has begun its nineteenth year of publication most auspiciously.

Corrosive-Sublimate Poisoning.

For corrosive-sublimate poisoning albumin is well known to be an efficient antidote. An albuminate of mercury is formed, which, being insoluble, is not at all toxic; is, in fact, entirely inert. Recently this feature has been embodied so as to be of the utmost service to the surgeon, to the dermatologist, and to the general practitioner as well. The albuminate of mercury as found in the germicidal soap known as sapodermin is not only not toxic, but is not irritant and does not corrode metals. In addition, it is absolutely soluble, it has marked penetrating power, and in germicidal action is equal to the sublimate. As is well known, the bichloride is absolutely inefficient as a germicide in the presence of oil or grease. With the soap above mentioned, the preliminary use of alcohol or ether is rendered unnecessary. Since the value of the bichloride as an antiseptic is due partly to its corroding action and the precipitation of albumin, it follows that its sphere must be limited thereby. Under the film of mercury albuminate formed germs may still thrive and prosper. This is not so with sapodermin, and accounts partly for its greater efficiency and penetrating power. The soap is also a skin nutrient and invaluable in various skin-lesions, particularly those due to parasites.

The New Treatment for Gonorrhœa.

In discussing the new remedies recommended for urethral irrigation—namely, protargol, argonin, largin, and the silver compounds with albumin—Prof. W. T. Belfield ("Progressive Medicine," volume iv, December, 1899) writes as follows: "The first (protargol) alone seems to have secured general favor. Neisser, who introduced it, recommends that this solution be injected three times daily, and that each injection be retained ten to fifteen minutes at first, and thirty minutes, later. He states that the gonococci usually disappear from the discharge in twenty days, after which astringent injections, such as the zinc salts, must be used until the discharge ceases. Other observers have had equally good or

(Continued on Advertising Page 24.)

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better results; thus Baum reports fifty carefully observed cases treated with protargol; of these, fifteen were uncomplicated cases of first infection, and in these the discharge ceased in thirteen days on the average, though the gonococci were found in some cases until the seventeenth day. He used solutions of 1 to 5 grains to the ounce, six to eight injections daily, retained for five minutes each during the first fourteen days, after which zinc-sulphate solutions were employed. Swinburne and others have combined the two methods, using the permanganate irrigation and directing the patient to use protargol injections. My own experience with protargol has been more favorable than with the permanganate irrigation. I have used irrigations with protargol solution (1 to 1000) once daily, flushing the deep urethra so soon as the first signs of its involvement became apparent, and allowing the patient to use the injection at home. I have combined this with the remedy used by me for twelve years—the yellow muriate of hydrastine, 1 to 1000, dissolving both the hydrastine and protargol in the same solution.

Three Stages in the Development of Genital Disease.

Vaginitis often represents the first stage in a series of morbid processes, which, if neglected or improperly treated, may have serious and far-reaching consequences. The fact that it is usually of gonorrhœal nature explains the tendency of the inflammation to invade the uterus and adnexa. Hence the importance of early treatment by an efficient, yet unirritating, antiseptic and astringent application. Timely resort to such a preparation as Micajah's medicated uterine wafers will prevent the upward extension of the infection from the vagina to the uterus and the development of endometritis, which is the second stage in the history of these cases. To eradicate the infection from the uterus and prevent serious changes in the mucous membrane it is necessary to resort to measures which will relieve congestion, destroy the infectious element, and exert an alterative effect. For this purpose Micajah's medicated uterine wafers are highly recommended and have proved an important adjunct in the treatment. If, however, the disease is not vigorously combated, it may extend along the tubes, producing salpingitis, or may affect the ovaries and pelvic peritoneum. While in some of these cases surgical intervention is demanded, in many others local medication is of great benefit, and will obviate the necessity of operative measures. Much may be accomplished by the use of Micajah's medicated uterine wafers in diminishing pelvic congestion and in exerting an alterative and tonic effect upon the genital tract.

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXII. PHILADELPHIA, MARCH, 1900. No. 3.

Original Communications.

THE RATIONAL AND SCIENTIFIC INVESTIGATION AND TREATMENT OF EPILEPSY.

BY AMBROSE L. RANNEY, A.M., M.D.,

NEW YORK CITY.

WHEN, in 1896, I wrote my carefully-prepared reply[1] to certain articles contributed by Dr. Frederick Peterson, in which he denied that "eye-strain" ever constituted an important factor in the causation of genuine epilepsy, I produced, for the perusal of the medical profession, a complete analysis of twenty-six typical cases that had come under my personal care.

To all unprejudiced minds the data then given by me furnished positive and overwhelming proof in support of my view, viz.: that the remarkable results of eye-treatment in epilepsy gave better promise of a radical cure of that horrible affliction (when not due to organic disease) than any other known method of treatment.

In that reply I gave to the profession not only the names of the physicians who had intrusted to my care the cases reported, with letters from them confirmatory of my statements and the results of my treatment, but I also was careful to incorporate both letters and reports from the patients themselves; and also their answers to certain questions propounded by me to them by letter, in order to answer Dr. Peterson's objections and to confirm my personal statement that all my reported cases were those of "genuine" epilepsy, according to the published views of every recognized authority upon that disease.

Subsequently I incorporated in my work, entitled "Eye-strain in Health and Disease,"[1] much additional matter in the chapter relating to the eye-treatment of epilepsy that bore upon this important subject and that tended to confirm what I believe to be one of the greatest medical discoveries of the century. In this work I furnish for medical perusal much tabulated matter by which the reader could compare the original eye-tests of each reported case with those obtained after a graduated tenotomy had been performed upon various eye-muscles. I also showed the permanency of the results of the treatment of the eyes in the cases reported; and many reasons why beginners in this field are liable to get unsatisfactory results because of their inexperience and neglect of important details that are essential to success.

Hardly a month now passes in which I am not brought personally into the possession of new facts. I am led to believe that many of the younger oculists and general practitioners of medicine throughout the

[1] New York Medical Journal, December 26, 1896, and January 2 and 9, 1897.

[1] The F. A. Davis Company, publishers, Philadelphia, 1897.

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country are to-day beginning to wake up to the importance of eye-treatment in epilepsy as well as to the eye-treatment of other neuroses. Many are most enthusiastic over their results. Their letters to me show that exceedingly creditable work is being done to-day in the investigation and treatment of "latent" anomalies of adjustment of the eyes by men who have heretofore had but little interest in this field of investigation.

From my late work on eye-strain (previously referred to) I quote the following paragraphs:—

"There has been manifested in the past by some neurologists of note an apparent desire to destroy the value of carefully-kept records by lines of fine distinction in reference to epileptic patients when treated by oculists that do not obtain when any medicinal treatment is discussed.

"This statement is not an imaginary one: nor am I the first to make it in print. It takes a fair-minded as well as logical intellect to meet distasteful facts in a kindly spirit; and quibbles over the exact type of epileptic seizures that have occurred in each patient have little value clinically, as a rule, and are too often but subterfuges to avoid the conclusions that most honest men would arrive at.

"I think I can safely assert that it would be a difficult matter to keep a more complete and scientific record of any individual case than the system employed by me in my office demands. The very nature of the work compels the most exact records of minute details, made at very frequent intervals, and upon printed blanks specially ruled for the purpose.

"There can be no 'personal equation' in the records or the published reports. The tests are mathematically correct; the instruments employed are scientifically precise, and the results of each test are recorded (in the proper column of the printed blank) when made."

The time has passed when it is necessary to argue before intelligent medical men to any great extent the importance of reflex causes in creating spasmodic diseases. The literature of medicine is replete with instances where bad teeth, scars, vaginal irritation, indigestion and flatulence, wax in the ears, protracted constipation, and other reflexes besides "eye-strain" have created alarming and persistent nervous disturbances. Many hundreds of such cases have been reported by trustworthy medical observers in the past. They demonstrate that the administration of drugs is not always, and perhaps not often, the best way of relieving nervous symptoms.

In my published reply to Dr. Casey A. Wood, of Chicago (New York Medical Journal, September 29, 1894), after he had attempted, in an article on reflex epilepsy (New York Medical Journal, July 7 and 14, 1894), to cast a doubt upon the existence of eye-strain unless previous eye-symptoms had formed an important part of the clinical history, I took the trouble to analyze a number of my reported cases from this stand-point alone.

I think I showed conclusively in my reply that *eye-strain could exist without any eye-symptoms*; and I am equally sure that occipital or frontal headache and pain in the nape of the neck (while frequently present) do not exist in every case where eye-strain is markedly present, and are not positive diagnostic points of eye-defects.

I think I am fully justified in making the following statements relative to the efficiency of eye-treatment of epileptic patients —not only when conducted by myself, but by many others who are to-day enthusiastic believers in the method:—

Eye-strain is to-day recognized by most oculists and neurologists as a possible factor in the causation of epilepsy and other nervous derangements.

The exact percentage of epileptic cases in which the eye-factor is important has not yet been determined; nor can it be until more work is done by oculists and neurologists in this field.

Eye-strain does not entail, of necessity,

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upon its victims any symptoms referable to the eyes themselves, the nape of the neck, or the frontal and occipital regions; even when the eye-conditions are extremely faulty, and in cases that have severe chronic nervous derangements as a direct result of eye-strain.

Intervals of perfect health between epileptic seizures do not preclude eye-strain as a cause. This is unquestionably the rule with victims to sick headaches—almost all of whom owe their attacks to eye-strain.

Eye-treatment has ameliorated and most favorably altered the course of the disease in chronic epilepsy when practiced by others as well as myself.

Whoever starts in this particular line of medical research is peculiarly liable to meet with some unsatisfactory results at first. He is sure to make some mistakes. He is apt to be neglectful of important minor details. He may err in judgment when some complex eye-problem arises. Finally, he may lack the necessary skill to establish orthophoria.[1]

Some very useful suggestions, however, may be offered to the beginner in this line of work upon epileptics relative to possible causes of failure on his part. I take the liberty of quoting, in this connection, some paragraphs from my work,[2] previously referred to, as follows:—

"I deem it not only wise, but absolutely imperative, to make some pertinent remarks relative to what causes may lead to a recurrence of epileptic seizures after eye-treatment; these should in no way reflect upon the previous results obtained, nor should they be justly construed as clinical evidences derogatory to the method of treatment itself.

"1. As the refraction of the eye should always be considered an important factor in epilepsy, any neglect on the part of the patient to wear the glasses prescribed or any change in the formula is apt to lead to a recurrence of the epileptic seizures.

"One of the worst epileptic seizures ever encountered once occurred in a patient (who had been free from epilepsy for over a year) within an hour from the time that a strong cylindrical glass fell from the frame and was replaced with the wrong side out.

"The removal of a spherical glass for a day (ordered by me for constant wear) caused an epileptic seizure.

"Patients often break their glasses or frames, and unfortunately get a wrong glass put in by some inexperienced or incompetent optician. They sometimes get the proper glass improperly inserted by some local jeweler after mending the frame, etc. Such occurrences are not infrequent, and a return of epileptic seizures is particularly apt to follow.

"When patients are instructed to wear strong cylindrical glasses constantly, a simple bending of the frames may throw the glasses so much off axis as to create a far greater eye-strain than an actual omission to wear them.

"It can be easily understood by the reader that what originally induced epilepsy may tend to cause its recurrence, and that neither the oculist nor the method is responsible for accidents that he cannot avoid or the patients always be aware of.

"Suppose a victim of malaria should be restored to perfect health by drugs, but, after a renewed and prolonged exposure to malarial germs, some evidences should appear of a return of the old malady, would it in any way reflect upon the results obtained by drugs?

"2. Many chronic epileptics unquestionably (in my opinion) are influenced (even after long intervals of relief from seizures) by their former 'epileptic habit.'

"By this I mean that under conditions of extreme nervous weakness or disturbance—such as often follow severe indigestion, anxiety, fright, loss of sleep, excessive exertion, etc.—these patients are peculiarly apt

[1] A term that means "the perfect adjustment and equilibrium of the eye-muscles."

[2] "Eye-strain in Health and Disease," The F. A. Davis Company, publishers, Philadelphia, 1897.

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to have a convulsion, where ordinary patients would have simply a headache or some milder evidence of physical depression.

"Such attacks, as a rule, mean nothing. They are not to be construed as precursors of a return of the old epileptic condition. They pass without causing much, if any, constitutional depression; and the patient goes on (as before) free from subsequent seizures until some similar exciting cause occurs to induce one.

"3. During the treatment of heterophoria[1] (which in epileptics is almost universally 'latent') the oculist never knows positively until a year or two has elapsed whether he has established an absolute and permanent 'orthophoria.' So long as any latent muscular trouble remains, occasional epileptic seizures are to be expected, even with the greatest care on the part of the oculist as to the perfect correction of the refraction of the patient and the greatest fidelity on the part of the latter as to following the directions of the former.

"In a happy way, some one may, before the millennium, discover a drug or other process that will enable the oculist to determine at one sitting all latent heterophoria that exists in any case, as we now are enabled to measure, while a patient is under the effects of atropine, all latent error of refraction at one sitting; but, until that time, we will have to allow the patient to disclose it by piecemeal (as it were), and to patiently wait until, by proper scientific aids, we can feel sure that we are interpreting the eye-tests of the patient intelligently, and relieving the burdens as fast as they are disclosed by the patients.

"Prior to the discovery of atropine, this was the way that 'latent' hypermetropia[1] was treated. Glasses were given to the patient as strong as he would tolerate at first; and, gradually, their strength was increased by the oculist, as fast as the patient would tolerate the increase, until the full correction of the latent hypermetropia was apparently reached.

"4. It is important in all cases of chronic epilepsy, while eye-treatment is going on, to be sure, if possible, that no other reflex cause exists to keep up the epileptic seizures.

"While it is my custom to have the teeth, ears, and nose of almost all patients examined by experts, and the pelvic organs of many female patients carefully looked into by a gynæcologist, with the view of eliminating all reflex factors that may coexist with eye-strain, it is not always possible to state that the removal of eye-strain alone in unsuccessful cases has completed the treatment, nor is it fair to infer that the eye-work has been unproductive of any benefit.

"A general proposition regarding the treatment of epilepsy may be thus stated: Every reflex cause that can be detected in an epileptic ought to be removed. The amelioration of the epilepsy may not come at once, and it will not come at all in a small proportion of cases; but an effort should be made in each case to give Nature every possible chance to reassert herself by relieving the nerve-centres of all sources of reflex irritation."

In addition to the twenty-six tabulated cases of chronic epilepsy that I have personally reported in my work upon eye-strain, quite a large number of equally-instructive cases in my records might be brought forward here to swell the number and strengthen my position. But this special form of treatment is peculiarly open, unfortunately, to bitter antagonism unless the patients can be shown to have been free from attacks for years; hence it is impossible for anyone to publish the results of a non-therapeutic treatment of epileptic patients until sufficient time has elapsed (during which the patient has taken no drugs) to make the published conclusions acceptable to medical men as worthy of their credence and thoughtful consideration.

Before I pass to the histories of a few

[1] A term that covers all anomalies of the ocular muscles.

[1] The condition known as far-sightedness.

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cases of epilepsy (heretofore unpublished) in which some remarkable results have been obtained by me through eye-treatment alone, I desire to bring once more before the minds of my readers three points I would especially impress upon their memories in connection with epilepsy:—

1. I have explained quite fully why epileptic patients may have temporary relapses after good results from eye-treatment, without in any way justifying invidious criticism upon the treatment or the permanent benefits that might have been uninterrupted if the patient had avoided new sources of reflex irritation.

2. I would impress the reader with the fact that any marked amelioration of epileptic seizures (in violence or frequency) without drugs is a great step in advance of previous methods of medication (even if the cure is not complete).

3. I would again impress upon the medical profession the extreme difficulties of eye-treatment of chronic epileptics, and the necessity of long-continued and patient watching for "latent" errors of adjustment, before operative work is discussed or attempted.

Moreover, it is important that the oculist be familiar with the new methods, and that the patient be sufficiently intelligent to realize the importance of details and to be persistent in the treatment until perfect adjustment of the eyes is established.

I lately received the following letter from a country practitioner that tells its own story:—

"DEAR DR. RANNEY: I have read your articles on the eye-treatment of epilepsy with great interest. I know little about eyes, but I have an epileptic patient that cannot be cured. I am tempted to cut an eye-muscle and see if it does any good."

It can be shown that many eminent medical men, who bitterly opposed in years past the views advocated here, have been forced at last to give some recognition to the eye-treatment of nervous diseases. They may not yet be enthusiasts, perhaps, nor are they all skillful in the work; but they cannot afford to longer oppose, with manifest bigotry or intolerance, the clinical facts that have been brought so forcibly to their notice.

In a lecture delivered by me some ten years ago, I said:—

"Some prophecies may be made, respecting the eye-treatment of epilepsy, for the benefit of those who have had little or no experience in this line of clinical work.

"Within the next twenty years we will see every physician of note more or less expert in testing refraction for himself, and determining without outside aid the existence of defective equilibrium of eye-muscles. He need not be an oculist, in the true acceptation of that term. Diseases of the eye properly belong to a specialty, and are best treated by those who see the most patients of that class. But the neurologist and general diagnostician should know, and sooner or later will be forced to know, whether his patient has near-sightedness, far-sightedness, or astigmatism to complicate matters, and if the eyes tend to deviate from their normal and physiological conditions. The more he studies these conditions, the more will he find to interest him, and much to relieve that is now too often unrecognized in the sufferers who apply to him for aid. He will cease to give pills to patients with from three to twenty poisonous alkaloids combined, on the principle that the sportsman adopts when he uses a handful of shot, hoping that one may perchance kill his bird. He will study his cases more intelligently, and delve less into works of therapeutic speculation. This view is neither Utopian nor visionary. Neither is it the result of rash enthusiasm, but an earnest conviction that has come after years of patient inquiry and careful observation in a large number of patients suffering from nervous derangements.

"A famous French philosopher seems to have fully realized the absurdities of purely-therapeutic medicine when he said:—

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"'Nature fights with disease a battle to the death. A blind man armed with a club —that is, a physician—comes in to make peace between them. Failing in that, he lays about him with his club. If he happens to hit disease, he kills disease. If he hits Nature, he kills Nature.'"

Before I pass to the report of six illustrative cases, that demonstrate the remarkable effects of eye-treatment alone upon that distressing malady (which is practically acknowledged by recognized authorities in that field as incurable by drugs) I think it wise to incorporate a table of terms which appear in the records here published and which may not be familiar to some of my readers who are not oculists:—

Terms related to the focus of the eye (*refractive terms*).

- HYPERMETROPIA (*far-sightedness*). A *shallow eye* (from the front to the back), causing an imperfect focus of objects.
- MYOPIA (*near-sightedness*). An *elongated eye* (from the front to the back), causing an imperfect focus of objects.
- ASTIGMATISM. An *irregularly-curved cornea* or *lens*, causing distortion of images on retina.
- EMMETROPIA. A *perfectly constructed eye*.

Terms related to the muscles which move the eyes (*muscular terms*).

- ESOPHORIA. A tendency of one or both eyes to deviate toward the nose.
- EXOPHORIA. A tendency of one or both eyes to deviate toward the temple.
- HYPERPHORIA. A tendency of one eye to rise above the level of its fellow.
- ANAPHORIA. A tendency of *both eyes* to assume too high a plane.
- KATAPHORIA. A tendency of *both eyes* to assume too low a plane.
- HETEROPHORIA. Abnormal adjustment of the eye-muscles.
- ORTHOPHORIA. Normal adjustment of the eye-muscles.
- ADDUCTION. The power of the internal muscles of the eyeballs. *It varies in health between 25° and 60°.*
- ABDUCTION. The power of the external muscles of the eyeballs. *It should be 8° in health.*
- SURSUMDUCTION. The power of the vertical muscles of the eyeballs. *The right and left should be alike.*

Various forms of glasses employed by oculists.

- SPHERICAL. Ground upon a *convex or concave sphere*. Used to correct hypermetropia and myopia.
- CYLINDRICAL. Ground upon a *convex or concave cylinder*. Used to correct astigmatism.
- PRISMATIC. *Two plain surfaces of glass meeting at an angle.* The thick side is termed the base of the prism. Used to relieve errors of adjustment of the eye-muscles.

The six cases reported here are particularly interesting to the general practitioner because they presented certain conditions that required different forms of eye-treatment. Two of these cases had no heterophoria, and have been apparently cured of epilepsy simply by the wearing of proper glasses constantly while awake. One of these cases had, moreover (as a complication), an *unmistakable organic lesion of the brain.* This had caused complete hemiplegia and post-paralytic contracture. It eventually unseated his reason to a moderate extent; but the epilepsy did not return after the refractive errors found were corrected by proper glasses.

Another of these reported cases presented a rather uncommon form of heterophoria in epileptics, viz.: marked *exophoria,* associated with transient crossed diplopia.

Again, three of these six epileptics did not have sufficient refractive errors to warrant the prescribing of glasses. The *heterophoria was, therefore, an independent factor*; in no way associated with or dependent upon any error of refraction.

This point cannot be brought out too prominently at the present day; when some oculists are endeavoring to prove the untenable assertion that heterophoria is always due to some uncorrected errors of refraction.

Finally, one case reported here presented latent esophoria of a high degree in combination with a moderate amount of hyperphoria in spite of the fact that his eyes were practically emmetropic (one eye only showing a low grade of astigmatism).

CASE I.—Master M., aged 12 1/2. Re-

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ferred to me by Dr. J. A. Wells, of Englewood, N. J.

Family History.—Both parents are living and well. Mother has severe sick headaches; also all of her family. Paternal grandfather developed epilepsy at about eighty years of age.

History of Case.—This patient began to have epileptic seizures when two years of age, and has had them more or less frequently ever since. Whenever he has attempted to go to school or to study at home, he has had very frequent attacks; but, when kept out-of-doors with no eye-work, he has gone three, four, six, and at one time nine months without an attack, although he was kept under bromides most of the time up to the past year.

Eye-defects.—This patient had compound hypermetropic astigmatism of a low degree: *i.e.*, $+ 1.00^{s} \bigcirc + 0.50^{c}$ (axis, 90°) in each eye. At his first examination he showed at least 15° of exophoria. Either eye when covered by a shield would diverge markedly toward the temple. As is usually the case in such extreme maladjustment, *the image of one eye was frequently suppressed*; so that accurate tests could not be obtained regarding the relative power of individual eye-muscles, and even the equilibrium tests could not, at times, be made.

Treatment and Results. — Glasses were first given for constant wear to fully correct the refractive error; and free tenotomies were subsequently performed on both external recti.

This patient has not had a single epileptic seizure of any kind since the last tenotomy. This was performed nearly three years ago.

He now shows no heterophoria with the phorometer, but by other tests at times will show 6° of exophoria. His abduction, however, is 10° and his adduction is 22°.

Should he at any time have a return of epileptic seizures, I should think it wise to get rid of the remaining exophoria; but as he has been free from any epileptic seizures I have deemed it better to allow him to wait for a longer time than I usually do in such cases.

Case II.—Mr. M., aged 30. Married. Manager.

Family History.—The mother had been a great victim to headache. Two brothers are decidedly nervous. One uncle is a diabetic, and has suffered much with his eyes. No epilepsy had existed in ancestry so far as known.

History of the Case. — This man was about six feet in height and weighed two hundred pounds. His employment was a sedentary one, and required the use of his eyes during business hours. At home he was a great reader. Two or three years previous to his first epileptic seizure he had suffered considerably with headache, and thought that his eyes began to trouble him when he used them to excess. He gradually became excessively nervous and irritable. He attributed these symptoms at the time to his business cares and worries, but later he realized that they were due to his eye-strain.

One night while asleep he was seized with a severe epileptic convulsion, which greatly alarmed his wife and family. He was unconscious for a long time after it, frothed at the mouth, bit his tongue, and had violent convulsive movements. He was very weak and prostrated for many days after the attack. His urine was immediately examined, and found to be normal. No exciting cause of any kind for the attack could be discovered. He had suffered much from rheumatism at times during his life; and at the advice of his physician he was put under rheumatic treatment. Within a few weeks he had other similar seizures, each of which severely prostrated him. His mind seemed to become rapidly sluggish and his general nervousness most extreme.

Before bromides were administered to any extent this patient was brought to me by one of his immediate family, who had been cured by me of nervous prostration in years past by treatment of her eyes. In her great anxiety she felt that possibly the eyes

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of this patient had something to do with the seizures. She had, therefore, urged this patient to put himself under my care, because of her own personal experience and that of a number of epileptics, whom she had met in my office.

Eye-defects.—This patient had a moderate amount of astigmatism: *i.e.*, O. D., + 0.75c (axis, 15°); O. S., — 0.50 ⊂ + 1.00c (axis, 180°); and a high degree of esophoria, most of which was latent.

Treatment and Results. — Glasses were ordered for constant wear to correct fully his error of refraction, and one tenotomy was performed on each internal rectus. By these two operations about 13° of esophoria were removed and his last tests showed: esophoria, 1°; no hyperphoria; abduction, 7°; adduction, 40°.

Since the last operation over two years have elapsed and the patient has not had a single epileptic seizure. His extreme nervousness has entirely disappeared. His mind is as clear as it ever was; and he is able to attend to his business without headache or nervous symptoms of any kind.

Case III.—Mr. C., aged 60. Single. Merchant.

Family history not known.

History of Case.—This patient consulted me first in September, 1893. About two years and a half previous he was taken with what was diagnosed as syphilitic meningitis. It was followed by aphasia and right hemiplegia. Since that time he had been under active antisyphilitic treatment combined with galvanism and faradism. No outward signs of syphilis had manifested themselves for over two years.

While in Chicago in June, 1893, he consulted an oculist, who prescribed what he termed "fogging glasses" (+ 3.00s) combined with 6° of left hyperphorial prism. These he had worn for several weeks steadily, but discarded them, as they caused him great discomfort.

When I first saw him, he could walk, but with considerable sickle movement of the right leg. His right arm and hand were practically useless, and there was very marked contracture of the fingers; so much so that he could not extend them more than half-way. He could raise his arm to the level of the chin at right angles to his body and could flex his elbow to a right angle. He had considerable grasping power; but could not open his hand. He had considerable difficulty in expressing himself, although his mental powers seemed good, but somewhat sluggish.

During the two years following his paralysis he had six attacks of nocturnal epilepsy of the typical *grand-mal* variety, although he had been kept constantly under bromides. The last epileptic attack occurred the night before he came to my office.

Eye-defects.—When he came to my office he was wearing the so-called "fogging glasses" (+ 3.00s ⊂ 3° vertical prism over each eye). These I had him discard. His eyes were put at once under the influence of atropine and the following refraction was found: O. D., + 1.75s ⊂ + 1.75c (axis, 90°); O. S., + 2.50s ⊂ + 1.00c (axis, 90°).

With the above correction on he showed absolute orthophoria, with right and left sursumduction of 3° each; abduction, 5°; adduction, 24°.

Treatment and Results.—Glasses were at once ordered for constant wear that fully corrected his astigmatism and corrected his hypermetropia to within half a dioptre.

While his externi and interni were both weaker than normal, repeated observations failed to show any maladjustment of the muscles. Accordingly no prisms were ever given nor was any operative work required on his muscles.

From the day that this patient's refraction was properly corrected he has had no epileptic seizure: a period of over six years.

I am aware that this patient's epileptic seizures will be attributed by many to a syphilitic infection and the subsequent brain trouble that followed. Yet a careful study of his case apparently demonstrates simply that he had originally some brain-

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lesion, which caused a *destruction of the cortex or motor tract*, resulting in a permanent hemiplegia and difficulty in articulation. It is not positively demonstrated, however, to my mind, that this lesion was a syphilitic one, although so diagnosed at the time. Syphilitic lesions of the brain are usually of the gummous type. When they cause paralyses, active syphilitic remedies are very apt to cause rapid absorption of the gumma and eventually a return of power in the affected muscle. Post-paralytic contracture is rather infrequent when paralysis is due simply to pressure on the cortex. It means permanent destruction of cerebral cells, with secondary degeneration of the nerve-fibres. In this particular case syphilitic treatment did not at any time tend to improve the paralysis. The hemiplegia was of sudden origin, permanent in type, and followed rapidly by secondary contracture of muscles. The lesion of the brain was probably central rather than cortical; and the effects of the lesion on the brain-tissue was evidently destructive in character rather than irritative and due simply to abnormal pressure.

Furthermore, the epileptic seizures were uncontrolled by bromides, and occurred throughout an interval of two and a half years after the paralysis; *but they stopped entirely as soon as the full correction was given for refractive errors.*

No bromides have been given for the past six years to control these attacks; nor has the necessity of antisyphilitic treatment been indicated at any time during this period. The patient has had good physical health in spite of the cessation of drugs, although he developed some delusions in 1896 and has since been regarded as not mentally sound. He has had no further extension of the old or development of new paralytic conditions and he is absolutely dependent upon his glasses for comfort.

Whatever others may be inclined to think regarding the causes of and recovery from epilepsy in this case, I am satisfied that the remarkable results certainly will justify to most minds the conclusion that *it is always wise to correct refractive errors*, even if the muscular adjustment of the eyes be normal, and the case be one of unmistakable organic disease of the nerve-centres.

The correction of existing errors of refraction by proper glasses in any case is liable to be of decided benefit to the general health. In this particular instance the wearing of glasses alone seemed to arrest totally the reflex irritation from the eyes and to prevent epileptic seizures.

Case IV.—Mr. B., aged 40. Married. Manufacturer.

Family History.—Father was killed in the war. Mother is living, but has been an epileptic all of her life. Paternal grandmother is an epileptic and also one paternal uncle. One maternal aunt died of phthisis. Patient is an only child.

History of the Case.—This case was sent to me in February, 1897. He had no serious illness until an adult. He suffered with digestive disturbances from 28 to 38 years of age. When 31 years old (nine years ago) he had his first severe epileptic seizure, although he had had *petit-mal* attacks for a number of years previous.

He took no bromides for the first two years and had four or five attacks each year. He was then put on bromides, but *his attacks kept increasing in frequency in spite of them.* They occurred both at night and in the daytime. They were typical *grand-mal* attacks; preceded by the characteristic cry, and followed by total loss of consciousness, spasm, frothing of mouth, biting of tongue, profound stupor, etc. He has never been seriously injured by falls; but has had many bad bruises. He has had temporary loss of vision in left eye at times, and has occasionally noticed diplopia.

Eye-defects. — Under homatropine this patient had $^{20}/_{10}$ vision in the right eye and tolerated no + glass. In the left eye the vision was $^{20}/_{15}$ with $+ 0.25^{s} \bigcirc - 0.75^{c}$ (axis, 45°). At the first visit he showed esophoria at both distant and near points, with a very low power of abduction.

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In a couple of weeks by the use of prisms a high degree of latent esophoria became manifest, and later on considerable hyperphoria was also disclosed.

Treatment and Results.—Three graduated tenotomies were performed, one on the right and two on the left internus, for relief of the esophoria. These steps were followed by a marked improvement in his general health and a decided decrease in the number of his attacks. So great was the improvement in his general condition that in his enthusiasm he sent his two daughters (who were very delicate) to me to have the eye-defects, that they inherited from him, corrected.

About a year ago a little right hyperphoria was found and a prism was given for constant wear combined with his refractive correction. Under this prism he improved still more in the frequency of attacks. Last June a graduated tenotomy was performed upon the right superior rectus, and since that time (seven months) no attack has been reported.

His last tests were: no hyperphoria or esophoria; adduction, 27; abduction, 8; right sursumduction, 3; left sursumduction, 3.

CASE V.—Mr. B., aged 30. Married. Contractor.

Family History.—No hereditary tendencies to nervous diseases, as far as known by the patient.

History of the Case.—This patient was a strong, stout young man, who had always been healthy, with the exception of headaches. Within two years after his marriage he was seized with a severe epileptic convulsion without any apparent exciting cause. This attack occurred at his own home, and was associated with all the typical symptoms of a *grand-mal* attack: *i.e.*, lividity, frothing at mouth, biting of tongue, and severe spasm. The physicians who were consulted pronounced it epilepsy, and cautioned him against inspecting unfinished buildings, as it was a part of his business to walk over the rafters of unfinished structures in order to make estimates for his contracts. Bromides were administered to him for awhile; but within a few months three severe seizures occurred. He was then sent to me by an old patient for the examination and treatment of his eyes. He *had never been conscious of any eye-defect*, nor had he ever had any difficulty in the use of his eyes as far as he knew. He was a very intelligent man, however, and had posted himself quite thoroughly regarding the reflex causes of epilepsy and headache.

Eye-defects. — This patient had $^{20}/_{15}$ vision in each eye and tolerated no plus glass, but under homatropine he showed $+ 0.75^{s}$.

He disclosed a few degrees of esophoria with very low abduction, and prisms were given to correct it. His prisms were gradually increased (as his tests warranted) until a high degree of latent esophoria became manifest, with a correspondingly low abduction.

Treatment and Results.—A tenotomy was performed on each internal rectus for relief of the esophoria. Six weeks after the last tenotomy he had another *grand-mal* seizure, having been free from attacks for four months. As he still showed more esophoria, prisms were again given and gradually increased until he was wearing three degrees of prism, base out, over each eye. These prisms he has worn constantly ever since. He has not had a single seizure of any kind since July 24, 1896, when the prisms were put on.

No correction was given for the slight amount of hypermetropia detected, as it was not considered of sufficient degree to have any marked bearing upon the case.

As the patient has done so well and only shows a slight surplus of esophoria over his prisms, I have not thought it advisable to radically correct the remaining esophoria for the present. About 14° of esophoria were corrected by the two tenotomies of the interni, and any remaining esophoria will, in his case, have to be corrected by advance-

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ment of one or both externi. Should he at any time show any further epileptic tendency, I should think it best to operate and remove his prisms. This it may eventually be wise to do for the sake of getting rid of all glasses.

The patient has been so extremely busy that he has not wished to give up the time for it, unless I though it necessary.

CASE VI.—Master G., aged 12. Referred to me by Dr. E. W. Hedges, of Plainfield, N. J., on September 21, 1898.

Family History.—Mother has neuralgic headaches, but is otherwise well. Father has always been perfectly well. One brother and one sister are both very well. Maternal grandfather died of phthisis. No hereditary nervous diseases.

History of Case.—This boy was never very strong. He was circumcised at 2 years of age. Five years ago he had a rupture, and has worn a truss ever since. Three years ago he was taken in school with an epileptic attack. He was brought home and had a succession of fits all day from 9 A.M. till 5 P.M. He had no more fits for two years. During the past year he has had a return of these attacks. At first he had them once in three months; but lately they have occurred about once a week. In these attacks he is unconscious from five to ten minutes; has some convulsive movement, chiefly of the head; froths a little, but does not bite his tongue; and has no cry. Five minutes before an attack he sees very indistinctly, everything moves before him, and finally he sees only a moving ball of fire. Vomiting sometimes follows. These attacks occur mostly in the day-time.

Eye-defects.—At the first visit this boy had $^{20}/_{15}$ vision in each eye, and would only tolerate + 0.50^{s} binocular. Javal's ophthalmometer gave no astigmatism. Homatropine was at once used and hypermetropia of + 1.25 D. was found. With this correction he showed no heterophoria; adduction, 23°; abduction, 6°; right and left sursumduction, 3° each.

Treatment and Results.—Glasses were at once given for constant wear that corrected 1 dioptre of the hypermetropia, and later they were increased to a full correction. His muscles were exercised and watched occasionally for four months to see whether any heterophoria could be found. None was disclosed. Under the prismatic exercise his interni increased in power up to 41° and his externi to 7°. His vision with his + 1.25^{s} glasses gradually became $^{20}/_{15}$.

Up to the present date this boy has passed fifteen months without an attack, never having had one since he put on his glasses. He has improved wonderfully in his general health.

ELECTRICAL TREATMENT OF TWO CASES OF HÆMORRHOIDS.

BY JOHN V. SHOEMAKER, M.D., LL.D.,

PHILADELPHIA.

IF the following mode of treating hæmorrhoids lacks citation of numerous cases to establish its value on occasions, it is, as based on established physical facts, entitled to a standing in court for further trial as one of the curative agencies for that affection.

Not so very many years ago it was common practice to apply cold exclusively where heat is now applied: to the reduction of a sprain or of a prolapsus of the anus. But, although the fundamental pathological condition in both cases is engorgement of the part with blood of faint circulation, they differ entirely as to requirements of treatment, whether by heat or cold. Restoration in either case to normal conditions implies, of course, relief from congestion. But the difference between conditions arising from congestion from sprain and conditions arising from congestion from hæmorrhoids is not one of degree, but one of kind. The congestion of a sprain is ordinarily susceptible of treatment through the methods of gentle manipulation and hot fomentations on a surface covered with epidermis, whereas the former method is not applicable to a

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mass of hæmorrhoids covered with mucous membrane, irritated by the acrid secretion from the lower bowel, and to a certain degree strangulated by the sphincter-muscle of the anus.

There are two simple, fundamental facts upon which the successful treatment of the two following cases of hæmorrhoids was based. The application of the negative pole of the galvanic battery increases the diameter of all blood-vessels, and of all mucous-membrane-lined passages, as that of the rectum. The resistance of the blood to the electrical current, as of any other fluid, is inversely as the area of the cross-section of the channels.

Now, it appears plausible, from the considerations involved in the foregoing facts, that recession of a protruding, and necessarily somewhat strangulated, hæmorrhoidal mass can be best secured by the adjustment of the galvanic current from the negative pole to the parts, rather than by the application of hot fomentations to them, for the reason that the latter, while stimulating circulation, at the same time engorge the part to be reduced, whereas, if properly applied, the negative pole of the galvanic battery, owing to the fact of its increasing the calibre of the rectum, must reduce the strangulation of the diseased part, and, owing to the fact of its increasing the calibre of the blood-vessels, must tend to restore normal circulation and bring about the reinvagination of the lower part of the bowel.

This theory was proved by the two cases to be cited (so far as two cases can prove anything) to be strictly correct. The results demonstrate that it would be worth anyone's while to essay the treatment indicated.

The first case was that of a gentleman compelled, for a few weeks, to live a much more sedentary life than had been his wont. A slight prolapse of the bowel ensued, which, as he was absent from home, he treated, by the advice of an apothecary, with an astringent salve, frequent ablutions, and by keeping the parts separated. This treatment had the effect of causing a certain amount of retraction of the extruded fold of the bowel, sufficient to relieve it of soreness, but not sufficient to cause its recession. The affection resisting treatment beyond this point, the patient, upon his return home, placed himself in the hands of his family physician, who recommended a salve and hot fomentations, but whose prognosis was embodied in the remark: "You will probably have a 'dog-ear' there for the rest of your life." His prescription failing, after faithful trial, to produce any appreciable effect of further reduction of the part, the moistened sponge of the negative pole of the galvanic battery was, for the first time, applied to it, the positive pole, with its moistened sponge, being placed above, on the opposite side of the body. Cold-water ablutions were adopted, and pieces of soft cambric were introduced between the pile and the opposite cheek of the nates. Half a dozen applications of the electric current sufficed to remove every vestige of the "dog-ear."

In the second case a violently sudden attack of diarrhœa produced at stool a considerable prolapsus ani, which showed no signs of abatement under treatment until the electric current was applied in the manner described above. Under that treatment, coupled with cold-water ablutions and the employment of soft cambric to keep the inflamed surface from contact with the opposite cheek of the nates, a permanent cure was effected, as one may say in this case, where, after a lapse of two years, there was no recurrence of the affection.

It should be obvious how, in these two cases, the treatment effected relief. The blood, driven through channels enlarged by the action of the negative pole of the galvanic battery, circulated freely through the arterial and the venous tracts, perforce of the increased calibre of the rectum and the increased calibre of the blood-vessels, stimulated, too, by the electromotive force applied. What part of the phenomenon is dynamic, what part chemical, or whether

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the result is a blended one, as derived from the mysterious agency concerned, no one can ever know. What concerns us is the fact which remains: that the method described has been proved in two cases to be curative under certain circumstances in the class of conditions illustrated. We do not affirm that it is applicable throughout the class, under all circumstances; no medical man should say that of any therapeutic agency; but the fact, as we have said, remains, and for the reasons assigned in connection with the evidence produced, that certain cases of hæmorrhoids are curable, in otherwise healthy patients, in the manner hereinbefore described.

A CASE OF TETANUS TREATED BY SUBDURAL INJECTIONS OF ANTITOXIN AND HYPODERMIC INJECTIONS OF CARBOLIC ACID.[1]

By Ernest Laplace, M.D., LL.D.,

Professor of Surgery and Clinical Surgery in the Medico-Chirurgical College; Surgeon to the Philadelphia and St. Agnes Hospitals.

S. M., aged 32 years, a native of Turkey, ran a rusty nail in the sole of his right foot on November 4, 1899. The wound was allowed to heal, which took place without difficulty. On November 14th he felt a headache, difficulty in deglutition, and pain in the back. He entered the Medico-Chirurgical Hospital on November 17th: two and a half days after the appearance of symptoms. There was complete trismus, difficulty of deglutition, and pain in the back. His temperature was 99.3°, his pulse 76, and his respiration 20.

The next day—that is, on the fifth day of the disease — the patient, previously anæsthetized, was trephined, on the left side a little posterior to the motor area, and 20 cubic centimetres of antitetanic serum were injected slowly under the dura. The scalp was temporarily sutured. The patient showed no perceptible reaction from the subdural injection. The temperature rose from 98° to 100°, but quickly returned to normal on the next day; the pulse was 84, the respiration 30. There was no headache. The trismus did not change.

Two days after the first injection the scalp wound was opened and 40 cubic centimetres of antitetanic serum were injected slowly under the dura, without anæsthetizing the patient. He complained of no pain during the injection. In two hours his temperature had risen from 98° to 101.3°, his pulse was 102, and his respiration 24. He complained of a slight headache. In the course of a few hours he complained of a numbness of the right side of the body, with difficulty of motion, but no paralysis. This persisted two days, and these were the sole symptoms traceable to cerebral irritation from the injection of the antitoxin. The patient was fed on liquids, through a medicine-dropper, so tightly were the jaws set. Twenty-four hours after the second injection of antitoxin opisthotonos set in. The spasms, at first mild, became more severe, and lasted from five to fifteen minutes at a time. They began on the eighth day of the disease. They were so violent as to result in marked cyanosis, and necessitated the administration of chloroform to produce laxation. The attacks recurred every half-hour. On the ninth day the spasms became milder and recurred at greater intervals.

We now began the injection hypodermically of 5 drops of pure carbolic acid in 10 drops of water every three hours. On the tenth and eleventh days the symptoms continued milder, there being now but sudden tremors lasting ten or fifteen seconds, instead of the regular attacks of violent opisthotonos.

On the thirteenth day of the disease the jaws relaxed to the extent of one-fourth of an inch. The relaxation increased gradually afterward. The carbolic-acid in-

[1] Read before the Philadelphia County Medical Society, January 24, 1900.

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jections were continued during six days, making a total of forty-eight doses of 5 drops each. The temperature remained about normal, though it often sank to 98° or even 97.5° after the carbolic-acid injections. The symptoms gradually disappeared, the patient being able to swallow without difficulty.

On the sixth day of the disease the area where the puncture had taken place was excised while the patient was still under ether, and the wound thoroughly cauterized with carbolic acid. On the twenty-first day of the disease the patient sat up and walked about.

The urine was normal throughout the treatment.

Although, by reason of the first symptoms of tetanus manifesting themselves ten days after the injury, the case cannot be classed among the most acute forms of the disease, still it approaches very near that class, and therefore the prognosis was unfavorable.

Following Roux's suggestion, I determined to inject the antitoxin directly under the dura, for in my three last cases of tetanus I had failed after injecting as much as 360 cubic centimetres of this same antitoxin in the subcutaneous cellular tissue; furthermore, the subcutaneous injections, in the hands of others, had likewise so often failed as to further tempt me in trying the subdural method. Kocher and others have used the direct injection of antitoxin in the lateral ventricles. But this procedure, I take it, is too risky, especially if large amounts of antitoxin are to be injected. The cases reported by Kocher only received 5 cubic centimetres at a dose in each lateral ventricle, whereas our case received 20 cubic centimetres at the first dose and 40 at the second dose. I believe that the subdural injection meets the same object as the intraventricular injection, with less risk of traumatism or hæmorrhage.

Kocher drills a small hole in the skull, and introduces a long needle blindly in the direction of the ventricle. In the subdural injection the fluid spreads over the surface of the brain, and, as we found, produced no permanent after-effects. I judge that it must have rapidly mixed with the cerebrospinal fluid, which carried it to various portions of the brain and spinal cord, for direct local absorption and action. It will be noticed that the symptoms were rather aggravated than improved after the injection of the antitoxin. This, I believe, can be explained. The antitoxin acts, not as an immediate antidote, but requires time for thorough absorption and assimilation before it gradually alters the nature of the soil upon which the tetanus bacillus grows. There has been no positive proof yet that even in a fatal case of tetanus the bacillus exists in the blood or in the nervous system. It would seem, therefore, that the spasms characteristic of the disease are the result of the local action on the nervous centres of a toxin of intense violence generated by the developing germs at the seat of the injury, and gradually absorbed by the circulation.

Having heard of the reported good effects of carbolic injections, I determined to combine it here with the antitoxin injections. I have no further apology to make except that, having invariably seen death as the result of all the cases presenting the violent symptoms of our patient, I felt there would not be undue risk in combining the two treatments. I have since inquired for a sufficient explanation why subdural or intracellular injections of antitoxin should be followed by better results than the subcutaneous injection. The following theoretical reason offers itself, and I present it under all reserve:—

The tetanus bacillus is essentially anaërobic; it develops in the depths of the tissues. Its toxin is therefore the result of an anaërobic process. The antitoxin is the serum of a horse made immune to tetanus by increasing doses of tetanic cultures, and is, therefore, charged with anaërobic material. Now, the part of the patient's body to be acted on is his brain and spinal cord.

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When the antitoxin is injected under the skin, it is absorbed by the veins, and, going to the right heart, is fully aërated and oxygenized in the lung: a condition which possibly alters the anaërobic nature of the antitoxin. On the other hand, the direct subdural or cerebral injection allows of immediate action locally on the brain and spinal cord, before the circulation could take it to the lungs.

From the above case we learn:—

1. That a severe case of tetanus (ten days' incubation) has recovered after the subdural injection of 60 cubic centimetres of antitoxic serum, prepared in the Pasteur Laboratory at Paris. The focus of infection was removed on the sixth day of the disease.

2. That the treatment was combined with hypodermic injections of 5 drops of carbolic acid in 15 drops of water, every three hours until forty-eight doses had been administered.

3. That no untoward brain symptoms permanently followed the subdural injections of this comparatively large amount of fluid.

4. All symptoms of tetanus had disappeared on the twenty-first day of the disease.

Abstracts.

Late Psoitis and Sacro-Iliac Arthritis.

At a meeting of the Obstetrical, Gynæcological, and Pædiatric Society of Paris M. le Gendre reported the case of a woman, 40 years of age, who, five weeks after an accouchement, died of acute asphyxia of very rapid progress (four days). This woman, a IV-para, had been delivered of a macerated fœtus weighing 5520 grammes (upward of 12 pounds). The urine was very albuminous. The first days after delivery there was some elevation of temperature. She resumed her occupations, and was well until she was suddenly attacked by acute asphyxia. At the autopsy œdema and congestion of the lungs were found. Macroscopically the uterus appeared to be healthy. Upon the left side, in the sheath of the psoas, was an enormous pus-cavity communicating with another which was derived from the left sacro-iliac articulation. These cavities inclosed 2 litres (about 3 1/2 pints) of pus. M. le Gendre was inclined to believe that at the time of the difficult delivery there had been produced a diastasis of the pelvic joints which, by reason of the bad general condition of the patient, had been the point of departure of a secondary arthritis.

M. Champetier de Ribes thought that there was no necessity of referring to an articular diastasis. The case was one of slowly-developing articular localization of a puerperal septicæmia, of which the elevation of temperature in the early days of the lying-in period was the evidence. Late manifestations of puerperal infection are well known. Phlebitis is a typical example. —Le Bulletin Médical.

Locomotor Ataxia and Exophthalmic Goitre.

At a meeting of the Neurological Sóciety M. Achard exhibited a patient who suffered from both the above diseases. The former was evidenced by the sign of Romberg (motor inco-ordination), the sign of Westphal, lancinating pains, and gastric crises. The presence of exophthalmic goitre was shown by exophthalmos, slight enlargement of the thyroid gland, and permanent tachycardia. There was, however, no tremor.

In connection with this case we may recall the discussion which took place in 1888 in relation to those presented by MM. Barié and Joffroy. Two opinions were then advanced. One looked upon Graves's disease as a symptom of tabes, a bulbo-protuberantial manifestation of which it represented. The other maintained that there was simply an association of two distinct morbid states. The first theory only applied to cases in

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which the beginning of tabes preceded that of the exophthalmic goitre. In some cases, however, exophthalmic goitre commenced quite a long time before the locomotor ataxia. In the patient exhibited by M. Achard the date when exophthalmic goitre began was uncertain. Exophthalmos seemed to have been recognized in childhood by the family of the patient. The association is, therefore, perhaps one of simple coincidence. This association, nevertheless, may not be absolutely fortuitous. The neuropathic constitution creates a bond between the two co-existent diseases. Furthermore, the disturbance of the general equilibrium of nervous functions produced by the special lesion may concur in hastening the development or accentuating the symptoms of the exophthalmic goitre.—Le Bulletin Médical.

Saturnine Parotiditis.

At a meeting of the Medical Society of the Hospitals M. A. Petit presented a patient afflicted with double parotiditis due to lead. The man had been a house-painter since 1883, and had had several attacks of lead poisoning, and had suffered from painter's colic and wrist-drop. On November 23d a new attack of colic had occurred, accompanied by headache and pain behind each jaw, without fever. The pain, which was both spontaneous and produced by pressure, grew more severe and at the same time a soft swelling of both parotids occurred, without redness of the skin. There was no salivation, heat, or pain. This was his condition when admitted to the hospital on December 26th. The glands were very slightly sensitive to pressure. There was neither fever nor albuminuria. There was no trace of stomatitis and no abnormality of Steno's duct. At the date of the report the swelling still persisted and was still without pain. The patient had never had mumps. He had not lately been exposed to the contagion of that disease. He appeared to be, in fact, the subject of double parotiditis due to the influence of lead: an affection which has been described by a number of writers. Is the parotid trouble due to the elimination of lead by the gland or, as Claisse and Dupré believe, to a superadded infection of buccal origin? The absence of any lesion of the mouth and of febrile movement seems to render the former theory more probable.—Le Bulletin Médical.

Malignant Tumors of the Pharynx.

Dr. Schech has observed in recent years 17 cases of malignant tumors of the pharynx, of which 11 occurred in men and 6 in women. The youngest patient was 27 years of age, another was aged 29, and the oldest was 70. The average age was from 45 to 55 years; 14 of the tumors were primary and only 3 secondary. In 2 men the growth extended from the posterior part of the tongue to the lateral wall of the pharynx; in another it had begun in a cervical gland of the left side, which was extirpated. Relapse occurred in the left lateral wall of the pharynx and caused such pronounced laryngeal obstruction that it was necessary to perform tracheotomy. Of the 14 primary tumors 4 (2 men and 2 women) had begun in the region of Luschka's gland and produced deafness, violent headache, nasal obstruction, etc. All four were sarcomata. In the meso-pharynx the tonsils, the uvula, and velum palati were most often attacked. There was 1 case of sarcoma of the tonsil in a woman, with removal, recurrence, and generalization. One case of carcinoma of the right tonsil occurred in a man, 44 years of age. An operation was followed by cerebral metastasis at the end of a few weeks. On the side of the pharynx there were 3 cases of carcinoma in men. The tumors extended from the insertion of the posterior pillars to the entrance of the larynx. In the lower pharynx the carcinomata were generally derived from the pyriform sinuses and the posterior wall and most frequently invaded the larynx in the

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region of the cricoid and arytenoid cartilages. There were 2 patients, one a man of 70 years attacked by arthritis and pemphigus and a robust woman of 29 years, in whom the tumor developed during the course of a pregnancy.

The prognosis is fatal. Five patients were operated upon and all died, either a few days after the operation or from a return. All other recognized methods were equally fruitless, such as arsenic externally and internally, potassium iodide, injections of alcohol, of pyoktanin, of carbolic acid, electrolysis, and galvanocautery. For dysphagia the writer recommends cocaine, eucaine, and, above all, orthoform.—Revue Hebdomadaire de Laryngologie, etc.

Expulsion of Sphacelated Uterine Mucous Membrane.

At a meeting of the Medical Society of Berlin Dr. Gottschalk reported a very interesting case of the expulsion of the uterine mucous membrane after confinement. The patient had a generally-contracted pelvis. The antero-posterior diameter measured 9 centimetres (3 1/2 inches). Although the contractions were energetic, yet at the end of three hours the head not yet descended into the true pelvis. When Gottschalk saw the woman the head was fixed at the superior strait and the womb was strongly contracted upon the fœtus. He endeavored unsuccessfully to employ the forceps. He then had recourse to version, by which, although with difficulty, he was able to deliver a living child. After expulsion of the fœtus the womb continued to contract and the placenta was expelled at the end of an hour and a half.

Prior to the accouchement the pulse was already rapid. On the following day the woman had a chill followed by hiccough. Although the vaginal discharge was without odor, Gottschalk injected the canal with a litre and a half (about 2 1/2 pints) of 60-per-cent. alcohol, which was tolerated without pain. Notwithstanding the antiseptic measures and the constitutional treatment the condition of the patient grew worse until the sixth day. The pulse had become indistinguishable. Recourse was then had to injections of normal salt solution practiced in the subclavicular region. Immediate improvement ensued. Urine was again abundantly secreted. Sleep returned and the patient recovered. It was not until the fifteenth day that the lochia became fœtid for the first time. The patient then expelled a necrotic mass having very nearly the form of the uterus. A microscopical examination demonstrated the fact that it consisted of the uterine mucous membrane full of micro-organisms and clots.

Dr. Gottschalk believes that the uterine mucous membrane was, in consequence of the weakness of the heart, insufficiently supplied, and that its circulation was still further limited by the use of ergot. The bacteria were, therefore, able to exert their necrosing action, in which the local use of alcohol was perhaps an adjuvant. This is not the first instance in which the subcutaneous injection of a saline solution has produced most excellent results in puerperal fever.—La Tribune Médicale.

Large Abscess of the Lateral Wall of the Pharynx.

M. Besson communicated to the Anatomo-Clinical Society of Lille the history of a child, 14 months of age, who had been ill for three weeks, was peevish, refused to drink, and uttered sharp cries, resembling the quack of a duck. The face was pale, there were weakness and dyspnœa. There was stiffness of the neck and the temperature was 38.8° C. (101.8° F.). Upon the left side of the neck was a swelling, commencing at a point corresponding to the horizontal branch of the inferior maxillary artery, occupying almost the entire extent of that part of the neck and terminating at the cricoid, but 3 or 4 centimetres (about 1 1/4 to nearly 2 inches) to its outer side. The tumor was about the size of a small

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orange, and fluctuation was present. In this situation the skin was red, violaceous, and tense. Examination of the throat showed that the left tonsil was very much enlarged and prevented the pharynx from being seen. The left index finger, introduced into the mouth, recognized a fluctuating collection, projecting into the left side of the pharynx. An external incision was made, the pus evacuated, drainage established, and two weeks later recovery was complete. The speaker called attention to the fact that in such cases an error might easily be committed if, misled by the dyspnœa and the "duck's cry" the physician neglected to explore with the finger the throat of the child.—Revue Hebdomadaire de Laryngologie, etc.

Erosive Angina following Scarlatina.

A little girl, 4 years of age, was attacked, fifty-four days after a light and benign case of scarlatina, by a very superficial ulceration of one tonsil, which lasted for more than a month. In the beginning it was accompanied by fever and swelling of the glands at the angle of the jaw and of the same side of the neck. Subsequently there occurred acute nephritis, with hæmaturia, albuminuria, and slight swelling of the face. These complications rapidly vanished. The erosion healed slowly, leaving after it a small cicatricial spot of a yellowish-gray color and which could be readily recognized three months subsequent to recovery.—Revue Hebdomadaire de Laryngologie, etc.

Optic Neuritis Associated with Sphenoidal Sinusitis and Disease of the Post-nasal Cavities.

Professor de Lapersonne has observed three cases in which the presence of an optic neuritis with papillary stasis, involving one side only, led him to recognize localized lesions of the sphenoidal sinus and posterior ethmoidal cells. Moreover, these lesions gave rise to none of the ordinary symptoms of sinusitis. After having explained the development of the neuritis by infection propagated along the sheath of the optic nerve, M. de Lapersonne believes he may conclude that, in the presence of a neuritis with unilateral stasis, we should carefully examine the sphenoidal sinus, the posterior ethmoidal cells, and upper portion of the post-nasal cavities. Quite frequently the rigorous inspection of this region will enable us to recognize the origin of the infection of the optic nerve. This knowledge of the lesions of the pharynx and sinus is all the more useful in tracing the etiology and pathogenesis of those cases of neuritis which are still so obscure. Intervention will suppress the suppuration of the sinus. It has, unfortunately, but a very slight influence upon the optic nerve, the lesions of which terminate finally in atrophy.—Revue Hebdomadaire de Laryngologie, etc.

Typhoid Ulcer of the Nose with Abundant Hæmorrhage.

MM. Cl. Bernard and Pehu describe the case of a woman, 27 years of age, in whom, during the course of a typhoid fever, vomiting of blood suddenly occurred, accompanied by melæna, due to rupture of an artery of the septum. This rupture was itself the consequence of the formation of a typhoid ulcer, which involved the antero-inferior part of the pituitary mucous membrane. Two points deserve attention in this case:—

1. The existence of a nasal ulcer during typhoid fever. Few such cases are on record.

2. The hæmorrhage is generally from the nose. In this woman, on the contrary, the blood was ejected by the stomach, with expiration, and accompanied by melæna. The explanation is at hand. On account of the dorsal decubitus the blood had passed into the pharynx and had been swallowed. —Revue Hebdomadaire de Laryngologie, etc.

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Pemphigus of the Stomach.

A very curious case of the above nature has been communicated by Dr. du Mesnil to the Medical Society of Altona. The patient, a man, 67 years of age, entered the hospital on account of an attack of pemphigus, to which disease he had been subject for three years, but which, on this occasion, was complicated by apoplexy followed by right hemiplegia with aphasia. There was an abundant eruption of pemphigus over the entire body except the head, hand, and soles. It was particularly marked upon the arms, thorax, and abdomen. There was likewise a hemiparesis of the right side with diminution of sensibility, a facial paralysis of the right side, and an aphasia which was beginning to improve. The examination of other organs was negative. The stomach alone was sensitive to pressure, and there was a complete absence of appetite. During his stay in the hospital the patient suffered from fresh invasions of pemphigus, the advent of which was accompanied by vertigo, vomiting, syncope, and convulsions, which began on the paralyzed side and extended to the entire body. The man died fifteen days after his entrance. At the autopsy there was found an area of softening in the left hemisphere in the situation of the posterior central convolution. The spinal cord was macroscopically and microscopically intact.

The most interesting lesion was found upon the mucous membrane of the stomach. Below the cardiac orifice was found a superficial cancerous ulceration measuring $2\,^1/_2$ centimetres in length (nearly an inch) and $1\,^1/_2$ centimetres (a little more than half an inch) in breadth. In the pyloric region were a dozen small, round, or oval ulcers of $^1/_4$ to 1 centimetre (about $^1/_{10}$ to $^1/_3$ inch) in diameter, having sharply-cut edges. The bottom of these ulcers was brownish. When they were examined microscopically it was seen that only the epithelium had been destroyed, that the mucous membrane and submucous tissue were unaffected, and that the inflammatory signs were scarcely perceptible and presented themselves in the form of dilatation of the blood-vessels and lymphatics, but without cellular infiltration. By these characteristics the ulcers were differentiated from other forms of ulceration or erosive lesions and identified as those of pemphigus.—La Tribune Médicale.

Therapeutic Notes.

Preparations of Trional.

M. Ponchet proposes the following formulæ:—

℞ Trional, 15 grains.
Oil of sweet almonds, 300 grains.
Sugar, 120 grains.
Gum tragacanth,
Gum arabic, of each, 3 grains.
Orange-flower water, 150 grains.
Laurel-rose water, 30 grains.—M.

This formula produces an emulsion which can be taken in half a glassful of water or milk.

The following formula is recommended for an enema:—

℞ Trional, from $7\,^1/_2$ to 15 grains.
Oil, from 150 to 300 grains.
Yelk of egg, 1 grain.
Water, 3750 grains.

—New York Medical Journal.

Whooping-cough.

A way of treating the disease is that by Legrand, who has found grindelia robusta a most efficient remedy in whooping-cough as well as in asthma. He believes that the powdered bark and its fluid extract are apt to be inactive, but that the tincture is useful, and that the alcoholic fluid extract is also valuable. He has usually administered the fluid extract in sugared water or milk, although there is always a certain amount of the resinous material precipitated in the vessel from which the child takes the dose. This may, to a certain extent, be avoided

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by adding to the milk a little glycerin and alcohol. Children should take 8 minims of the extract every few hours according to the effect produced.—Therapeutic Gazette.

Burns.

Recent investigations seem to have proved that powdered pepsin dusted upon burns of the third degree is a valuable remedy, promoting granulation, and, better than this, preventing the formation of scar-tissue.—Journal of Medicine and Science.

Vanadium in the Treatment of Tubercle.

The British Medical Journal says that attention has been drawn lately to the therapeutic properties of vanadium in anæmia, chronic rheumatism, diabetes, and neurasthenia. Anceau has published the results of a series of observations on the use of this drug, especially in regard to the treatment of tubercle. In this disease vanadium seems to act as a powerful tonic to the appetite and digestive functions. It would seem, however, that the effects of vanadium are only very slight when the pulmonary lesion manifests itself by profound constitutional changes. On the other hand, should the case be one of slight tuberculous affection, especially in the early stages, vanadium seems to be of very great use. The appetite is stimulated in such a manner that the patient is able to take abundance of nourishment, and, what is more important, digestive power is considerably increased. Its method of administration is important. The best method seems to be to exhibit the drug from three to five days at a time, allowing a similar interval to elapse before repeating its administration. Vanadium seems to act like arsenic and iron, but appears to be considerably more efficacious in its action than either of these substances, as it seems to have twenty thousand times more oxidizing power than iron, and considerably more than arsenic. The best form is vanadiate of sodium, and the writer recommends $^1/_{30}$ grain (2 milligrammes) daily by the mouth, and $^1/_{600}$ grain ($^1/_{10}$ milligramme) as a subcutaneous injection.—New York Medical Journal.

Chloroform-water in the Gastro-enteritis of Children.

Van Emelen, of Antwerp, has employed the following prescription with success:—

℞ Lactic acid, 15 grains.
Chloroform-water (1 to 200), 1200 grains.
Oil of chamomile, 2 drops.
Syrup of anise, 300 grains.

M. Sig.: A tablespoonful every two hours.—New York Medical Journal.

Treatment of Myocarditis.

Martin Mendelsohn believes that whatever the cause of myocarditis, be it diphtheria or other infectious diseases, alcohol, phosphorus, or syphilis, the clinical symptoms are always those of a weak heart, and require the same treatment; in any case they depend on an inability of the heart to meet the demands made upon it. Thus, supposing the demands to be excessive, they may produce symptoms of myocarditis in a heart previously healthy. In slight cases the symptoms occur only when unusual bodily or mental exertion has been made. In the later stages they are permanent. The physical signs vary, but generally consist in hypertrophy of the left ventricle, with accentuated sounds if compensation is present, or in dilation with weak sounds if it is not. In the treatment all excessive bodily or mental exertion must be avoided, as well as the habitual use of coffee, tea, and tobacco. Oertel's treatment, which consists in systematically increasing the power of the heart by exercises, and reducing corpulency by restricting the fluid drink, acts well in obese, but otherwise healthy, patients; but, since it is impossible to eat much without drinking, is not suitable for debilitated patients, where, espe-

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cially at the beginning of the complaint, absolute rest in bed is the chief remedy, and restores compensation. Later, each patient must aim at keeping his heart exercised by bodily and mental work, while avoiding overexertion. Other important factors are life in an even temperature and pure air, regulation of the bowels, and frequent, though small, meals. Acute attacks of vertigo, palpitation, dyspnœa, and cyanosis are best treated with ether and caffeine. In chronic cases drugs must be given with caution, and digitalis should be reserved for those where compensation fails; in others caffeine, convallaria majalis, adonis vernalis, sodium nitrite, or potassium nitrite may be tried. Occasionally ergot acts well by its tonic action on the muscles of the smaller vessels.—British Medical Journal.

Neuralgia and Nervous Headaches.

The experience of many of the best men of the profession, not only of the United States, but abroad, has established the clinical value of antikamnia. Among those who have paid high tributes to its value may be mentioned Dr. J. Acheson Wilkin and Dr. R. J. Blackham, practitioners of London. They have found it of value in the neuralgias and nervous headaches resulting from overwork and prolonged mental strain, paroxysmal attacks of sciatica, brow-ague, painful menstruation, grip, and allied conditions. Experience goes to prove that 10-grain doses of antikamnia in an ounce of sherry wine, taken every two to four hours, will carry the patient through these painful periods with great satisfaction.

Ecthol.

Under this name a uniform preparation containing the active principles of echinacea and thuja is offered to the profession as a remedy in diseases attended by suppuration. Ecthol is given internally in doses of a teaspoonful four times a day or oftener, and is also applied externally to open sores of all descriptions. Those who have used the preparation speak favorably of its action.

Eunatrol in Hepatic Complaints.

This substance, sometimes called eunatron, is an oleate of sodium which is usually given in pill form coated with chocolate. It is said to be an excellent cholagogue, and the dose commonly employed is 15 grains twice a day. A. G. Capriani reports two cases of gall-stone in which this drug was given with marked relief to the symptoms. Not only did it cause a relief of the hepatic colic, with quick removal of the calculi from the bile-ducts, but it re-established a flow of bile. In both cases there had been frequent hepatic disturbance, and the prompt relief obtained on the administration of the drug leaves no doubt in the writer's mind that it has a specific effect in favoring the excretion of the calculi. The explanation which the writer gives is that, when a gall-stone with a rough, uneven surface becomes impacted in the gall-passages, it excites a tonic muscular spasm which, instead of facilitating the passage of the stone, retains it in its position. This leads to extreme pain; a catarrhal condition of the ducts is excited which may ultimately lead to ulceration and suppuration. The retention is frequently at the duodenal orifice of the duct. When this occurs, jaundice is a frequent accompaniment of the hepatic colic. The action of the oleate of sodium is due to the fact that the intestinal juices turn it into a greasy fluid which spreads over the surfaces of the stomach and duodenum. As soon as it comes into contact with the mucous membrane of the stomach, the spasms, which form the principal element of the crisis, cease through a reflex action. It favors the passage of the gall-stone, and in addition augments the flow of bile, and so favors its expulsion by a direct increase of the pressure in the gall-

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ducts.—Georgia Journal of Medicine and Surgery.

Vertical Headache.

For the flushings and vertical headaches of women Dr. Bulkley prescribes:—

℞ Diluted nitric acid, f℥j.
Water, f℥ij.

M. Sig.: Teaspoonful in a wineglassful of water three times a day.—Merck's Archives.

Uses of Urotropin.

In a paper entitled "Comparative Therapeutic Value of Recent Antiseptics in Pædiatric Practice," read by Dr. Gustavus M. Blech, of Chicago, before the Section of Diseases of Children of the American Medical Association at Columbus, Ohio, the author said: "Urotropin seems to be an ideal antiseptic for that purpose, unsurpassed by any other drug to my knowledge. In cases of bladder trouble it is valuable because the disinfected urine will not undo the effects of any local medication we may employ for the bladder itself."

At the Twenty-ninth Annual Meeting of the Medical Society of the State of California, Dr. Granville MacGowan, of Los Angeles, presented a report of ten operative cases of vesical tumors. Patients were prepared for a number of days with urotropin; neighboring parts shaved, and the patient prepared as for any capital operation.

Dr. Knust, of Neustadt, West Prussia, has employed it in several cases of excitable and more or less unmanageable mental disease suffering from these affections, and with the most excellent results. Especially brilliant was its action in one periodic case, with persistent excitation. The prostatic hypertrophy and the patient's excited condition rendered catheterism and lavage impossible. He was, therefore, ordered urotropin in $^1/_2$-gramme ($7\,^1/_2$ grains) doses four times daily. The patient's weight has greatly increased since he has been on the urotropin. The second case was one of senile dementia with a high grade of prostatic hypertrophy, and incontinence of urine to such an extent that the odor of the patient was extremely foul. Here the urotropin gave results similar to those of the first case, and more especially lessened the unpleasant odor from which the whole ward was suffering. In a third case there was an equally rapid, if not permanent, effect.

Accidental Wounds of the Female Bladder.

Dr. Frederick Holme Wiggin, in reporting to the Section on Obstetrics and Diseases of Women at the Fiftieth Annual Meeting of the American Medical Association a case of the above accident, says that accidental opening of the bladder has, for many years, been considered one of the most serious accidents that could occur in the course of the complicated work which gynecic surgeons are often called on to perform. Dr. Wiggin's case was that of a woman from whom a large myoma had been removed. Copious hæmorrhage compelled rapid work, and after clamping and cutting the anterior attachment of the tumor it was discovered that the bladder had been opened near the fundus.

The general cavity had previously been shut off with gauze pads and thoroughly irrigated, followed by the use of hydrozone in half strength, and this, in turn, by saline solution. The gauze pads were now changed, and the opening in the bladder, four inches in length, was closed by means of two layers of chromicized catgut sutures. The wound was then disinfected, and there being a large peritoneal flap, it was attached to the bladder and made to cover the line of sutures, thus making the bladder-wound extraperitoneal. After further washing out of the abdominal cavity with hydrozone and the saline solution, the external wound was closed, without drainage, and the usual dressings applied. The patient being feeble,

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it was not thought advisable to make a vesico-vaginal fistula to drain the bladder, but, instead, a self-retaining catheter was introduced. At the end of ten days, however, tumefaction occurred over the lower angle of the abdominal wound, and, on opening it, urine began to escape. A vesico-vaginal fistula was now made in order to afford adequate drainage. The sinus in the abdominal wall was curetted and, after being thoroughly disinfected with hydrozone, its walls were sutured. Soon afterward, the sinus having closed, the sutures which kept open the vesico-vaginal fistula were removed, and the latter closed quickly without any further operative interference.

Treatment of the Uric-Acid Diathesis.

In a paper by Dr. E. L. Gros, of Paris, we read:—

"The uric-acid diathesis having been demonstrated, most satisfactory results may be obtained by appropriate treatment: dietetic and medicinal.

"Under this latter head salicylates and colchicum are both of great efficacy, and it is a very remarkable fact that, when salicylate of methyl is associated with colchicine, effects may be obtained that would necessitate a much larger dose of either of the drugs used alone.

"Salicylate of methyl, obtained by distillation from the bark of *Betula lenta*, is certainly to be preferred to all other preparations on account of its purity and its superior physiological effects over the synthetical salicylates, although similar in chemical characteristics.

"This, administered in a capsule with the alkaloid colchicine, is the basis of the pharmaceutical preparation known as colchi-sal, which we have used extensively with great success.

"Methyl-salicylate and colchicine are the great correctors of this peculiar uric-acid diathesis, and their administration obviously embraces a very wide field of application, when we consider that gout, rheumatism, lithiasis, asthma, certain forms of bronchitis, dyspepsia, urticaria, eczema, migraine, headache, neuralgia, and even chorea are amenable to the influence of this therapeutic combination, colchi-sal.

"No remedy in our experience acts better in so-called bilious headache, which is merely a special manifestation of uricacid-æmia. The gouty or arthritic nature of both urticaria and chorea is a fact which has but recently been substantiated, and, in these two affections, apparently so different, the salicylate medication is very efficacious."

For Incoercible Vomiting.

Robin's formula is:—

℞ Picrotoxin,
Morphine hydrochlor., of each, gr. j.
Atropine sulph., gr. $^1/_{30}$.
Ergotine, gr. xx.
Alcohol, q. s. (to dissolve).
Aquæ, ℥ij.

M. Sig.: Eight to ten drops in small amount of water, repeated at intervals.—Medical Record.

A Goitre Remedy.

Dr. Chavette, who will be remembered by the older Chicago physicians, claimed to cure every case of goitre he treated by the use of the following remedy:—

℞ Zinc sulphate,
Salicylic acid,
Iodoform, of each, ℥ij.
Boric acid, ℥iij.
Oleic acid, ℥viij.

Mix and keep at a boiling heat for several hours, then pour off the liquid and when cold bottle.

Sig.: Apply to the enlarged gland, with slight friction, twice daily, until a slight desquamation occurs, after which apply once daily until the enlargement is entirely reduced. In no instance did the disease return.—Medical Council.

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Philadelphia, March, 1900.

RHEUMATISM OF THE THROAT, LARYNX, AND NOSE.

THE more unusual manifestations of a constitutional disease, such as rheumatism, are of much interest. At the same time, from the therapeutic point of view, it is highly important that they should be promptly recognized. Rheumatic invasion of the throat belongs to this category. We have recently taken pleasure in the perusal of a paper prepared by Dr. John Sendziak, of Warsaw, a well-known specialist, for the Eighth Congress of Polish Naturalists and Physicians, which met at Posen in 1898. The paper is published in the Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie for December 2, 1899. The author begins by alluding to the first mention of rheumatic disease of the throat in 1865 by Trousseau in France, Clark and Ogston in America. Since that almost simultaneous recognition reports of such complications or manffestations of acute articular or muscular rheumatism have multiplied, especially in America and England. On the Continent of Europe less attention was paid to this question until of recent years. In his study of the subject Dr. Sendziak has found reports of nearly 250 cases. The proportion in which a rheumatic element is present has been estimated as high as 80 per cent. and as low as 5 per cent., but Sendziak is disposed to agree with the estimate of Gerhardt, who places it at 21 per cent. He bears testimony that since he began to occupy himself with this matter he has been struck with the comparative frequency with which the two affections coexist. This is especially true as regards so-called rheumatic pains. He remarked likewise that in such cases the salicylate preparations exerted an excellent influence upon the course of the throat trouble. Disease of the pharynx in acute rheumatism may precede, accompany, or follow the rheumatic manifestations. The form in which the throat trouble of rheumatism most frequently appears is generally given as acute follicular tonsillitis. Our author had himself oftenest observed simple angina. Some writers mention tonsillar or peritonsillar suppuration as complicating acute articular rheumatism. Sendziak himself has reported a case of the latter kind with the simultaneous involvement of the larynx. In this case there were no rheumatic pains. Freudenthal includes in this list the affection known as benign ulceration of the pharynx. Sendziak admits the probability of this view, and refers to a case under his observation in which there were articular complications and in which the mother suffered from heart trouble following acute articular rheumatism.

Rheumatic affections of the throat may exist without implication of the joints, they may be complicated with cardiac involvement, or they may assume an epidemic form. They are generally, however, sporadic. The efficacy of the treatment confirms, to a certain extent, the rheumatic character of the sore throat. On the contrary, cases have been recorded by Staffel and Stephanides in which the local treatment of the throat caused the disappearance of the articular symptoms. Furthermore, several observers, including Sendziak himself, have found in follicular tonsillitis the same staphylococci and streptococci which have been detected in acute articular rheumatism. It is scarcely doubtful that in many contagious maladies the primary seat of disease is the adenoid tissue of the throat, the *annulus lymphaticus pharyngis* of Wal-

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deyer. This includes the faucial, pharyngeal, and lingual tonsils.

Rheumatic disease of the larynx is much less common. It was first recognized by Schech, of Munich, in 1882-83. Cases have since that time been reported by different European and American writers, and abstracts of a number of cases have appeared in the pages of THE MEDICAL BULLETIN. Like the corresponding disease of the pharynx, it manifests itself under different forms. It may begin as simple or circumscribed laryngitis and end in paralysis of the larynx or vocal cords, may involve the crico-arytenoid articulations, and may occur as a complication of the general rheumatic condition. In such event the diagnosis is easy. In other instances it is only after prolonged observation and success of the therapeutic test that we are enabled to reach a conclusion.

Little has been written concerning rheumatic affections of the nasal cavities and naso-pharynx. Freudenthal was the first to discuss this subject in any detail. The author does not doubt that a certain number of cases of acute coryza of the nose and the maxillary sinuses should be considered as of rheumatic origin. In such cases, complicated with rheumatic pains in the joints, bones, or muscles, Dr. Sendziak has seen conspicuous benefit follow administration of the salicylates. They abridge the course of the disease. Freudenthal divides rheumatic disease of the nose into two classes, one with and the other without objective symptoms. The paper of this author can be consulted by those interested in the subject in the Medical Record for February 16, 1895. Uchermann has witnessed unilateral limited infiltrations, similar to those which he had observed in the larynx, upon the cartilaginous septum of the nose. It is probable that in the nose, as in the throat, the contagium is first localized there, whence it is dispersed throughout the system.

The communication of Dr. Sendziak, of which we have given an epitome, is based to a considerable extent upon work done by American authors, to whom he makes the proper references. It is presumable that, in addition to those not recognized, the number could be largely swollen by unreported cases. The present writer is cognizant of several house epidemics of follicular tonsillitis occurring in rheumatic families and which proved very resistant to treatment until sodium salicylate was prescribed, when improvement speedily became apparent. No doubt this has been the experience of many practitioners.

ACCIDENTS PRODUCED BY EOSINATE OF SODIUM IN THE TREATMENT OF EPILEPSY.

EPILEPSY is such an intractable disease that therapeutists are constantly searching for new drugs in the hope of finding one which shall prove more efficacious than those which we already possess. The latest candidate for favor is the eosinate of sodium, which was proposed on theoretical grounds by le Goff and Sainton because of its richness in bromine. This compound is a derivative of fluorescein. Le Goff and Sainton quote the results of four experiments, two upon frogs and two upon dogs. In these experiments they observed paraplegia of the hinder limbs in consequence of the administration of rather large quantities of eosinate of sodium either by the mouth or subcutaneously, and cite likewise the cases of two epileptics who took as much as 2 grammes (about $^1/_2$ drachm) with no worse effect than fluorescence of the urine.

Drs. Bourneville and Chapotin, in an interesting communication to the well-known French journal, Le Progrès Médical, present an account of the clinical experiments which they undertook with this new agent.[1]

The results of these observations were entirely different from those which theoretical reasons might lead us to expect. The

[1] "De l'éosinate de sodium dans le traitement de l'epilepsie et des accidents qu'il produit." Par MM. Bourneville et Chapotin. Le Progrès Médical, 30 Decembre, 1899, et 6 Janvier, 1900.

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investigations are reported, in fact, rather on account of the nutritive disorders produced by the drug than because of any beneficial influence upon the disease. Twenty-three patients, divided into three groups, were subjected to treatment by means of eosinate of sodium. According to the custom of the service, when trying new drugs the patients were chosen from among those most seriously affected. The results of this method of treatment in ten cases are given in sufficient detail. From their tables the authors construct a picture of the phenomena of intoxication by eosin. The effects, at least with the doses which were employed, were purely local. There was no disturbance of the general health, no digestive troubles, no modifications of the cardiac rhythm, no appreciable alterations of the temperature, and no sensory or psychical disorder. The effects were almost exclusively confined to the integument. In a few instances the buccal mucous membrane was attacked. The doses necessary to produce the accidents appeared to vary from 2.50 to 3 grammes (40 to 45 grains). The date at which they began was from six weeks to two months after the commencement of treatment. The lesions due to the eosinate of sodium essentially consisted of a redness, followed by a swelling of the face and hands. Subsequently, upon the occurrence of slight injuries, serious disturbances of nutrition may occur. The redness involves the whole face. It is not an inflammatory erythema, although it may be accompanied by slight heat of the skin. Its advent may be preceded by itching and in some instances by severe headache.

The redness may spread to the neck, upper part of the chest, or dorsal surfaces of the hands and fingers, and may sometimes invade the pharynx. In other words, all the parts, and only the parts, habitually exposed to the air are attacked. The swelling appears almost coincidently with the discoloration. When slight it is seen only upon certain limited areas, as below the lower lids and in the parotid region. When very intense it suddenly occupies the whole face, but is particularly marked in the localities named. The swelling also occurs upon the back of the hands and first phalanges. The swelling is soft, not œdematous, painless, and most likely to appear in those places where the cellular tissue is abundant and where there is no compression by the clothing. At a somewhat later period there occur ulcers which seem to originate in slight injuries, such as abrasions, scratches, etc. A careful toilet of the skin caused the disappearance of these complications. The ulcers are very superficial, and are inclined to spread and become confluent, forming large patches of irregular outline. At the end of two or three days they become covered with an abundant yellowish crust. The incrustation lasts five or six days, and leaves behind it a more or less brownish cicatrix. slightly depressed, and corresponding to the form of the original ulcer. The pigmentation does not soon fade.

The nails are also involved. The terminal extremity is first softened and then falls. The loss of substance progresses toward the matrix, and is sometimes accompanied by a sero-purulent infiltration, although generally there is no fluid secretion. It is curious that no pain, either spontaneous or upon pressure, accompanies this process. The nail is reproduced with difficulty and in an irregular manner. The nails finally assume a normal aspect. It is certainly difficult to discover why the thumbs should particularly suffer and why the great toes should always be spared. Possibly this selection is influenced by traumatism.

MM. Bourneville and Chapotin sought to determine the interesting point whether there is any analogy between the signs of intoxication by eosin and by bromine. In the first place, the cutaneous accidents of eosin are much more frequent than those of bromine. They are also produced by smaller doses. Bromine intoxication frequently attacks the lower limbs. In eosinism these members are only exceptionally involved.

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The type of the eosin eruption differs absolutely from that due to bromine. Bromism presents itself in the form of acne or of infiltrated tubercles. The swelling and superficial ulcers described above are entirely different in their aspect. The erythema limited to the lower limbs sometimes caused by bromine is entirely distinct from the redness and swelling occurring on the face and hands during the administration of eosin. The cutaneous manifestations of bromine and those of eosin seem to present no analogy to each other, and, consequently, the occurrence of such accidents cannot be due alone to the bromine content. Eosin itself must possess a definite action.

The authors remark in conclusion that the prior condition of the skin, the care of which M. Féré has pointed out as of so much importance in relation to the accidents of bromism, and to which, in the case of children, so much importance is attributed, such as general baths, foot-baths, and douches, seems also to play a considerable part in the development of eosinism. The least involvement of the skin took place in the most intelligent of the patients and those most particular as regards personal cleanliness. In these the trophic disorders were less serious. The large incrusted patches, the cicatrices of the face, and loss of the nails did not occur in this class of patients.

Correspondence.

The "Man," not the "Number of his College Years."

I believe in broad education and ripe scholarship and regret that I have neither, but I do not believe the best qualities of the physician are products of the schools alone. I do not believe it is possible to educate or train into existence through text-book or master, clinic or hospital, the good sense and skill necessary for the prudent and correct interpreter of symptoms and prescriber of remedies. By his own earnest efforts and native genius he is fitted, if ever fitted, for the responsible duties of the profession.

I know the risks in doubting or questioning modern school methods or the accepted curricula. I remember, too, the high value I placed upon the college that issued my diploma, and the gilt-edged comments offered me on paper by the distinguished professor, eminent in diagnosis, who had taken the graduating class weekly through the wards of a hospital for training. When I came forth in 1865 these were considered valuable assets. But I remember, also, that I was early obliged to depart from the orthodox instruction there received, and give whole cows' milk to the unfortunate and motherless infant, before growth began, in place of much water and little milk.

A continuous course of imitating, committing, and reciting, with large marks on the score-card from kindergarten beginning to college finish plus 75 per cent. marking from the State board; all this is of very little consequence in determining how much the young man really knows of Nature's methods of body- making and repairing. Has he ever done any thinking himself? Can he defend, with any show of originality, a single physiological, pathological, or therapeutical view he has tried to describe? If the teacher or text-book imparts anything of value, it has been acquired by studying and interpreting foundations. Committing to memory is easy for some; but comprehending principles and applying the same to the case in hand is quite another thing. When the Harvard professor was complimented on the fine appearance of his class in the medical school, he said: "Yes, but only about one-half dozen of the whole class will ever be fit to practice medicine."

Brains are wanted; training is wanted; and, more than that, a good body, fully developed, is wanted. Lungs, heart, stomach, secreting and excreting organs, nerve-centres, all these are wanted. The power-house as a whole must be complete, or

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the current will be lacking and the car will stop.

A first-class surgeon or family physician may have his beginning in the open air. For years he may wander without chart or compass. He sees and measures, and records his measurements in his own way upon the tablet of his own brain. He works in the field, he hunts and fishes; he may enlist in the army or go aboard ship. He develops. He has breathed pure air and eaten plain food; he has slept at night and grown both day and night. At fifteen years he stands six feet high and weighs 175 pounds. He may have been a cow-boy on the plains or a miner in the mountains. He has laid the foundations of a man. The germs of original research become active and he turns his attention to books. In a year he has acquired a good start; in five years he passes easily the college examination and graduates the strongest man of his class at twenty-four years of age. He has something of his own. He has a well-finished *physique*; he has unimpaired nerve-centres and an abounding vitality. He has the build of a policeman, the courage of a general, and is a sample of the most perfect manhood.

Self-made in part, never a worshiper of authority, he has imbibed meanings rather than words. This man will lead in the profession whether his college term be three, four, or five years.

It is not my aim to antagonize education or scholarship. It is because I admire both that I try to call attention to the absolute necessity of a full-grown body with health, strength, and character as a foundation. Such complete foundation can never be made in the interior of a school-room where foul air and mental stagnation are predominant. The profession is full of imperfect imitations of scholarship and real ability; many worthless counterfeits are graduated, dressed in professional garb, and ornamented by home and foreign labels. They will pass the examining boards. In drawing lines between the black sheep and white neither school labels nor pedigree should be the criterion. That member of the medical profession who succeeds best in sending mankind out of this life only by the "Old-Age Exit," following the counsel of ex-President Cleveland, is entitled to our highest commendation, regardless of the length of his college course or the school in which he operates.

In concluding, let me say: I believe a post-graduate course for the man whose early life has been constantly under tutors had best be taken in the forest. Let it be away from civilized life; away from colleges and hospitals; away from doctors, drugs, and trained nurses; away from the laboratory and away from all artistic devices and intrigues; away from the pathogenic microbes and the germicide.

Here is normal life. Here is health and the full-grown body. Here are the conditions of normal life such as are never found at the bedside, in clinic, or hospital. Barring violence and starvation, the animal of the forest dies of old age.

In this post-graduate course we may contemplate Nature's method and the results of Nature's method, in contrast with the artificial method and its products which surround us and of which we are a part.

Not the length of the college periods, academic or medical; not the university degree, home or foreign; but the length and breadth of the whole man—physically, intellectually, morally—is the best test for his fitness to grace the medical profession.

Very respectfully,

J. B. LEARNED, M.D.

Northampton, Mass.

Medical News and Miscellany.

Memorial Number to Dr. E. R. Axtell.—The January issue of the Colorado Medical Journal is a memorial number in honor of its deceased editor, Dr. E. R. Axtell. It contains two papers by our departed col-

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league, one entitled "Diuretics in Renal Dropsy: their Indications and Uses"; the other upon "Chronic Pneumonia." Succeeding are reminiscences of Dr. Axtell by those associated in various capacities in his professional life at Denver. The production testifies abundantly to the admiration and esteem in which our departed friend was held.

Practitioners' Society of Dallas, Texas.—The above-named society has been organized at the Hermitage Hospital, and the following officers elected: President, Dr. Lawrence Ashton; vice-president, Dr. J. B. Titterington; secretary, Dr. C. L. Johnson.

National Pure Food and Drug Congress.—The third annual meeting of this association will be held at Washington, D. C., beginning March 7, 1900. The committee of the congress has, since the last meeting, made every effort to secure the passage of the bills now before both the House and Senate providing for a national pure-food law. It is hoped that such a law shall be passed during the present session of Congress. Senator Mason, of Illinois, has made an investigation into the question of adulteration. It is highly important that everyone entitled to be present should attend the third congress. The apportionment of delegates is as follows:—

The Governors of each State and Territory are requested to appoint ten (10) delegates, distributed as follows: Agriculturists, 4; pharmacists, 2; wholesale grocers, 1; retail grocers, 1; food manufacturers, 1; proprietary manufacturers, 1; total, 10.

Agricultural Department: the Secretary of Agriculture and five (5) delegates to be appointed by him.

The Internal Revenue Department: the commissioner and five (5) delegates to be appointed by him.

The Surgeon-General of the Army and five (5) delegates to be appointed by him.

The Magazines.—*The "New Lippincott."*—The complete novel in the February number of the "New Lippincott" is by Louis Zangwill, and is entitled "The Siren from Bath." Mrs. J. K. Hudson continues her stories of Mormon life with a tale called "A Stake of Zion in the Wilderness." There are several good short stories in this number. There is also a paper on Dr. Horace Howard Furness, and a paper by Mrs. Elizabeth B. Custer, called "Where the Heart Is?" showing that her heart is on the wild frontier.

McClure's Magazine.—"The Life of the Master" has already attracted great attention, and is continued in the February number. The very beautiful illustrations are from special paintings and drawings. Walter Wellman relates some of his experiences in last year's Arctic expedition. Mr. Tighe Hopkins gives another of his series of unique stories of prison-life. Mr. Alleyne Ireland writes of the colonial possessions of different powers, and Ray Stannard Baker communicates a character study of General Leonard Wood.

American Monthly Review of Reviews.—In the editorial pages of the February number the topics discussed are the Nicaragua Canal, the Canadian and Erie Canal projects, underground transit in New York and elsewhere, the currency and business situation, the treasury and the banks, the popular election of Senators, Mr. Beveridge's speech in the Senate on the Philippine question, our tariff policy in Porto Rico and Cuba, the meaning of "neutrality" in the Boer war, and the strength and weakness of the Boer position.

The contributions to this number are a character sketch of Dwight L. Moody by George Percy Morris; the career of the late General Lawton, by his old commander, Gen. O. O. Howard; the life story of Field-Marshal Lord Roberts; "A French View of the German Empire," by Baron Pierre de Coubertin; "The Perilous Position of England," by W. T. Stead; and "The Treasure and the Money Market," by Charles A. Conant.

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Scribner's.—This number contains an interesting sketch of "The Master of Edgewood": *i.e.*, Donald K. Mitchell, whose "Reveries of a Bachelor" have given pleasure to so many readers. Mr. Mitchell's portrait adorns the frontispiece. "The Opening Period of the War" is described by H. J. Whigham. Theodore Roosevelt gives a second installment of his life of Oliver Cromwell. Mr. Barr's serial, "Tommy and Grizel," is continued. Major T. Bentley Mott writes of "The Social Life of Havana"; Herbert Laws Webb of "The Problems of a Pacific Cable"; and there are also some excellent short stories and critical articles.

The Saturday Evening Post.—This journal always contains much interesting material in the form of short stories and comment on the events of the day. The chief feature of the publication at the present time is a serial by Jerome K. Jerome entitled "Three Men on Four Wheels." Mr. Jerome writes in that happy vein of humor which we learned to know and like so well in "Three Men in a Boat." Readers of the earlier story will be glad of the opportunity to follow the misadventures of these companions in their tour through Germany astride a tandem and a safety.

Senator Albert J. Beveridge, in his famous speech in the United States Senate, told one side of his experiences in the Philippines. The other and more personal side—what he saw and heard of "The American Soldier in the Field"—is told exclusively in the Saturday Evening Post.

Ladies' Home-Journal.—Slumming as a fad is dangerous and unprofitable, decides Mrs. Ballington Booth, after a long experience in battling with poverty and vice in the slums of the great cities, which is summarized in an interesting article in the February Ladies' Home-Journal. In the same magazine "An American Mother" writes on "Have Women Robbed Men of Their Religion?" and Ian Maclaren on "The Pew and the Man in It." Franklin Fyles's article is on "The First Night of a Play," Mrs. Burton Kingsland's on "The Correct Wedding of To-day," and Herbert Putnam, Librarian of Congress, describes "What it Means to be a Librarian." "The Parson's Butterfly," a serial by a new novelist, is begun in the February Journal, and "Edith and I in Paris," "The Autobiography of a Girl," and "Her Boston Experiences" are continued. "Frank Stockton's New Home in West Virginia" is described and pictured, and a close personal view is given of "The Idol of the Girls"—Mlle. Chaminade, composer and pianist. "Mr. Dooley's" author transforms Molly Donahue into a voter, but she does not get her vote counted. There are lively scenes on Archey Road at election time. The domestic features of the February Journal are numerous, varied, and helpful, and the pictorial features are exceptionally interesting.

Craig Colony for Epileptics.—Governor Roosevelt has appointed Dr. George Elmer Graham, of Albany, on the Board of Managers of the Craig Colony for Epileptics.

Thirteenth International Medical Congress.—The Thirteenth International Medical Congress is to be held at Paris, from the second to the ninth of August, 1900. All doctors of medicine are entitled to membership in this congress by making the proper application and paying the sum of $5.00. The secretary-general in Paris has instructed the American National Committee to receive the applications of American physicians, and for this purpose a blank form is provided, upon which is to be written full name and address, degrees, and any position of note held, together with the section of the congress to which the writer wishes to belong. A visiting card should also be appended. These forms, with the $5.00, are to be returned to the Secretary of the National Committee. He, in turn, will send receipt and forward the slips and money to Paris, where they will be registered, and in due course of time a card of admission to the congress mailed to each applicant.

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The committee hopes the American representation in this extremely important medical congress may be as large as possible, and they would urge every member of the profession to enter his name for membership, this alone entitling him to receive a digest of the full proceedings of the Congress and the printed report of the section to which he belongs.

Members desiring to present papers, will forward the title and a *résumé* before May 1, 1900, to the secretary of the section to which they belong, for each sectional committee reserves to itself the right of drawing up its own working program. Papers are limited to fifteen minutes' time.

The members of the American National Committee are: Dr. William Osler, chairman. Dr. Henry Barton Jacobs, secretary, 3 W. Franklin Street, Baltimore, Md. Dr. G. M. Sternberg, Surgeon-General of the United States Army. Dr. W. K. Van Reypen, Surgeon-General of the United States Navy. Dr. Walter Wyman, Surgeon-General of the United States Marine-Hospital Service. Dr. W. W. Keen, President of the American Medical Association. Dr. H. P. Bowditch, President of the Congress of American Physicians and Surgeons. Dr. O. F. Wadsworth, President of the American Ophthalmological Association. Dr. H. G. Miller, President of the American Otological Society. Dr. E. D. Fisher, President of the American Neurological Association. Dr. G. J. Englemann, President of the American Gynæcological Society. Dr. H. W. Stelwagon, President of the American Dermatological Association. Dr. Samuel Johnston, President of the American Laryngological Association. Dr. Robert F. Weir, President of the American Surgical Association. Dr. A. Jacobi, President of the American Climatological Association. Dr. E. G. Janeway, President of the Association of American Physicians. Dr. James Bell, President of the American Association of Genito-Urinary Surgeons. Dr. H. M. Sherman, President of the American Orthopædic Association. Dr. R. H. Chittenden, President of the American Physiological Society. Dr. Burt G. Wilder, President of the Association of American Anatomists. Dr. Henry Koplik, President of the American Pediatric Society. Dr. B. Holly Smith, President of the American Dental Association.

Correction of a Misprint.—Our attention has been called by McKesson & Robbins to a misprint in the third edition of Prof. Virgil Coblentz's "The Newer Remedies," whereby the dose of blennostasin is given as from 1 to 4 grammes (15 to 60 grains) instead of from 1 to 4 grains. The author's attention has been drawn to the misprint, and in the reprint of the third edition an *erratum* has been inserted correcting the dose. Inasmuch as the work had been widely circulated prior to the correction, we have been asked to bring the matter to the notice of the medical profession. We are also authorized to state that McKesson & Robbins have on hand a number of copies of Professor Coblentz's book and will be pleased to send a copy to any of the readers of THE MEDICAL BULLETIN on receipt of card.

The Sander Prize of the Association of Military Surgeons of the United States.—A prize of a gold medal has been founded by Mr. Enno Sander, of St. Louis, of the value of $100, for the best paper on Military Surgery presented at the annual meeting of the association. The rules for competition are as follow:—

1. Competition to be open to all members of the association.

2. Each competitor shall send three copies of his essay, in a sealed envelope, to the secretary, Lieutenant-Colonel Charles Adams, Central Music Hall, Chicago, Ill., on or before April 15, 1900. The essay must be strictly anonymous, but the author shall adopt some *nom de plume* and sign the same to the essay, followed by a figure corresponding with the number of pages of the manuscript. A sealed envelope bearing the *nom de plume* on the outside, and inclosing full name and address, shall accompany the

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essay. This envelope to be opened in the meeting of the association after the decision of the Committee on the Prize Essay has been received.

3. The committee will designate the essay worthy of the prize, and also in their order of merit those deserving of honorable mention. Should the committee deem proper, it may recommend neither prize nor honorable mention.

4. The successful paper shall be published in the "Transactions" of the association.

The X-ray Wins $15,000.—Mr. Benjamin F. Cochran, of Philadelphia, Pa., obtained a verdict of $15,000 on the 14th ult., through the instrumentality of the x-rays.

Dr. M. K. Kassabian, the expert from the Medico-Chirurgical College and Hospital, was called to the stand, and gave the court an interesting and lucid explanation of the x-rays and the part they played in the diagnosis of Mr. Cochran's injuries.

Atlanta Society of Medicine.—The following officers have been elected in the Atlanta Society of Medicine for 1900: President, Dr. J. C. Olmsted; vice-president, Dr. T. V. Hubbard; secretary, Dr. Claude A. Smith; treasurer, Dr. E. Van Goidtsnoven; librarian, Dr. M. Hoke.

The Medical Association of the Greater City of New York.—At the annual meeting officers for the ensuing year were elected as follows: President, Dr. Robert F. Weir, of the borough of Manhattan; vice-president, Dr. William McCollom, of the borough of Brooklyn; recording secretary, Dr. P. Brynberg Porter, of the borough of Manhattan; corresponding and statistical secretary, Dr. Frank C. Raynor, of the borough of Brooklyn; treasurer, Dr. Augustus D. Ruggles, of the borough of Manhattan; chairman for the borough of Manhattan, Dr. J. Blake White; chairman for the borough of the Bronx, Dr. S. Carrington Minor; chairman for the borough of Brooklyn, Dr. Charles P. Gildersleeve; chairman for the borough of Queens, Dr. Joseph F. Bloodgood; chairman for the borough of Richmond, Dr. William C. Walser; member of the executive committee, to serve four years, Dr. John H. Hinton, of the borough of Manhattan; member of the executive committee, to serve two years, Dr. Reynold W. Wilcox, of the borough of Manhattan.

Sir Thomas Lauder Brunton. — Dr. Thomas Lauder Brunton, physician to St. Bartholomew's Hospital, London, and formerly editor of The Practitioner, has been knighted.

Philadelphia County Medical Society.—The following officers have been elected: President, Dr. John Musser; first vice-president, Dr. George Erety Shoemaker; second vice-president, Dr. Francis M. Perkins; secretary, Dr. Elwood R. Kirby; assistant secretary, Dr. William S. Wray; treasurer, Dr. Collier L. Bower; censor, Dr. Thomas H. Fenton.

Delaware County (Pa.) Medical Society.—At the annual meeting held at Chester the following officers were elected: President, Dr. McMasters, of Ridley Park; vice-president, Dr. Gallagher, of Glenolden; secretary, Dr. Leon F. Fussell, of Media; treasurer, Dr. D. W. Jefferies, of Chester; librarian, Dr. Trimble, of Lima; reporter, Dr. M. A. Neufield, of Chester; censors, Dr. D. W. Jefferies, of Chester, and Dr. Bartleson, of Clifton Heights.

The Brooklyn Society of Neurology.—At the annual meeting of this society, recently held, Dr. William Browning was elected president; Dr. R. C. F. Coombes, vice-president; and Dr. W. H. Haynes, secretary.

The German Balneological Congress.—The German Balneological Congress will be held in Frankfort-on-Main on March 8-13, 1900. The sessions will be held in the forenoon of each day, three of the afternoons being devoted to excursions to Soden, Nauheim, and Homburg.

Dr. H. Augustus Wilson.—The Board of Charities and Correction has appointed Dr. H. Augustus Wilson to the position of

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orthopædic surgeon to the Philadelphia (Blockley) Hospital.

Minnesota Valley Medical Association.—The officers elected for the ensuing year are: President, Dr. J. H. Adair, of Owatonna; Dr. J. S. Holbrook, of Mankato, first vice-president; Dr. M. Sullivan, of Adrian, second vice-president; Dr. Marie Merrill, of Mankato, third vice-president; Dr. G. F. Merritt, of St. Paul, treasurer; Dr. E. D. Steel, of Mankato, secretary.

American Medico-psychological Association.—The secretary of this association, Dr. C. B. Burr, of Flint, Mich., announces that the next meeting of this association, under the presidency of Dr. Joseph G. Rogers, of Logansport, Ind., will be held at Richmond, Va., May 1-4, 1900.

The Cumberland County (Pa.) Medical Association.—Following are the officers for the ensuing year: President, Dr. J. C. Davis, of Carlisle; vice-presidents, Dr. M. M. Daugherty, of Mechanicsburg, and Dr. George W. Borst, of Newville; secretary, Dr. Hildegard Lonsdorff, of Carlisle; assistant secretary, Dr. J. A. Lefever, of Boiling Springs; treasurer, Dr. J. H. Bowman, of Riverton.

Berks County (Pa.) Medical Society.—The recently elected officers are: President, Dr. F. W. Frankhauser; secretary, Dr. James W. Keiser; treasurer, Dr. A. S. Raudenbush.

The Second Cuban Medical Congress.—The following is the constitution of the executive committee of the proposed congress of Cuban physicians: President, Dr. Vicente B. Valdés; first vice-president, Dr. Diego Tamayo; second vice-president, Dr. Rudesindo García Hijo; treasurer, Dr. Antonio González Curquejo; secretaries, Drs. Enrique Núñez, José A. Presno, and Jorge le Roy.

The New York Neurological Society.—At the annual meeting of this society the following officers were elected for the ensuing year: President, Frederick Peterson; first vice-president, Joseph Collins; second vice-president, L. Stieglitz; recording secretary, Pearce Bailey; corresponding secretary, Lewis A. Conner; treasurer, Graeme M. Hammond; councilors, C. L. Dana, M. A. Starr, B. Sachs, E. D. Fisher, and J. Arthur Booth.

Dr. Burney Yeo.—Dr. Burney Yeo has been appointed by the Council of King's College, on his resignation of the chair of medicine, Professor Emeritus and Consulting Physician to King's College Hospital.

A New Journal.—A new monthly, the Seaboard Medical and Surgical Journal, of Norfolk, Va., has begun publication.

Dr. Paul M. Mecray.—First Lieutenant and Assistant Surgeon Paul M. Mecray has been promoted to be surgeon with the rank of Major in the Third Regiment New Jersey National Guard.

Burlington County (N. J.) Medical Society.—The officers for the year are: President, Dr. Frances S. Janney; vice-president, Dr. W. P. Melcher; secretary, Dr. A. W. Taylor; treasurer, Dr. Enoch Hollingshead; censor, Dr. J. W. Hollingshead; chairman of medical section, Dr. V. H. Shipps; chairman of surgical section, Dr. A. Small; diseases of women and children, Dr. Emma Weeks.

Montgomery County (Pa.) Medical Society.—The officers elected for this year are: President, Dr. J. J. Kane, of Norristown; vice-presidents, Drs. D. W. Shelley, of Ambler, and P. H. Corson, of Plymouth; recording secretary, Dr. H. H. Whitcomb, of Norristown; corresponding secretary, Dr. J. K. Weaver, of Norristown; treasurer, Dr. S. N. Wiley, of Norristown.

Professor Czerny.—Dr. V. Czerny, Professor of Clinical Surgery at the University of Heidelberg, has accepted the invitation of Dr. Robert F. Weir, President of the American Surgical Association, to be present at the meeting of the association in Washington in May. He will read a paper on the "Surgical Treatment of Gall-stones."

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Dr. J. C. Culbertson.—Dr. J. C. Culbertson, proprietor of the Lancet-Clinic, has been elected a member of the American Social Science Association.

Dr. W. H. Thompson, of Belfast.—Dr. W. H. Thompson, Dunville Professor of Physiology in Queen's College, Belfast, has been elected an Honorary Member of the Imperial Military Academy of Medicine of St. Petersburg.

Seaboard Medical Association.—The following officers were elected for the ensuing year: President, Dr. H. W. Lewis, of Jackson, N. C.; first vice-president, Dr. Fletcher Drummond, of Parkley, Va.; second vice-president, Dr. M. Bolton, of Rich Square, N. C.; treasurer, Dr. C. O'H. Laughinghouse, of Greenville, N. C.; orator, Dr. J. E. Sebrell, of Courtland, Va. The next meeting will be held in eastern North Carolina in January, 1901; place and exact date to be determined by the Executive Committee.

Dr. Victor C. Vaughan.—Dr. Victor C. Vaughan, Professor of Hygiene and of Physiological Chemistry in the University of Michigan, and late Lieutenant-Colonel Thirty-third Michigan Volunteers, U.S.A., has been elected Surgeon-General of the Spanish-American War Veterans.

The Influence of Infectious Disease on Leukæmia. — Körmöezi, of Budapest, gives a full report of a case of myelogenous leukæmia of three years' standing, terminated by septic infection of the nasal cavities. The enlargements of the spleen, liver, and lymphatic glands underwent a remarkable decrease in the last days of the patient; these organs were found at the necropsy to contain very little blood, and in their capillaries the proportion of white corpuscles was not increased. Reviewing this case and the relevant literature, Körmöezi concludes: 1. On the occurrence of infectious disease in leukæmia, it is often found that the specific tumors become smaller, and that the white corpuscles diminish in number: changes to be explained by the destructive action of the bacterial poison on the tissues. 2. A qualitative change, due to the chemotactic action of the bacterial poison, in the blood may also take place; in this the lymphocytes take no part, but the polynuclear granulated cells increase while the other granulated cells diminish. 3. The chemotactic action of the bacterial poison is often, as in the case reported, more notable than the destructive. In this way it may happen in myelogenous leukæmia that while the polynuclear cells increase and the other granulated cells diminish in number, the gross total of white corpuscles remains the same. 4. The influence of the bacterial poison upon the red corpuscles is not so important, and no notable alteration takes place save in certain severe cases in consequence of hæmorrhage, and it may be of hæmatocytolysis.—British Medical Journal.

Disorders of the Menopause.—Dr. E. W. Cushing formulates the following rules:—

1. All irregular or profuse hæmorrhages about the period of the change of life are suspicious; they therefore require immediate, thorough, and competent examination.

2. All cases of incipient cancer of the uterus are easily diagnosticated, by competent examiners, by the aid of the curette and microscope in doubtful cases, but usually by the presence and character of an ulcer.

3. All cases of cancer of the uterus in the early stages are susceptible of complete removal by total hysterectomy, with less than 2 per cent. of mortality in competent hands. There is, in fact, no organ of the body where cancer can be so totally and widely removed as from the uterus.

4. A large proportion, probably a large majority of cases where total extirpation of the uterus, for cancer, is performed early, quite early, never have relapse or recurrence in the scar or elsewhere. They are saved, and they enjoy, not only life, but the best of health.—Medical and Surgical Bulletin.

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Jubilee of Professor Delstanche.—A committee has been appointed in order to organize ceremonies in honor of the jubilee of Professor Delstanche at Brussels on April 16, 1900. It is twenty-five years since Professor Delstanche was appointed chief of the otological service of the Saint-Jean Hospital, the first of the kind instituted in Belgium.

New Hospital for Consumptives in St. Louis.—The Sisters of St. Mary have secured a large tract of land on the river-front of St. Louis, and will build at once. The Sisters have wisely confided the entire medical charge to Dr. William Porter, who desires to make this field his life-work.

Obituary.—Dr. J. C. Mulhall, of St. Louis, ended his own life and was found dead in his office. The deceased was 49 years of age, a graduate of the St. Louis Medical College, and had been Professor of Diseases of the Throat and Chest and of Climatology in the Beaumont Hospital Medical College.

Dr. Albert Edward Hoadley departed this life in Chicago, where he was a well-known practitioner. He was Professor of Orthopædics and Surgical Diseases of the Joints in the College of Physicians and Surgeons and in the Chicago Polyclinic.

Dr. John F. Hodges recently passed away at the ripe age of 84 years. The deceased was the last representative of the professorial staff of the Queen's College, Belfast, Ireland. Professor Hodges studied chemistry under Liebig; studied medicine in Dublin, Glasgow, and Giessen, taking his medical degree at the University of Giessen. He was an eminent agricultural chemist, and had filled the chair of that branch in Queen's College. He was likewise Lecturer on Medical Jurisprudence.

Sir Richard Thorne is no more. The deceased was a distinguished representative of sanitary science. He was 57 years of age. He was known throughout the world for his manifold scientific and sanitary labors.

Brigadier-General J. P. S. Gobin.—A dinner was given by the officers of the Third Brigade Staff to General Gobin at the Commonwealth Hotel at Harrisburg, Pa., on the evening of Friday, January 26, 1900. The officers appeared in dress uniform.

The Providence Medical Journal.—The above is the title of a new periodical which began its existence with the new year. It is founded for the purpose of collecting and publishing the papers read before various local societies, to report the interesting cases which occur in the hospitals of Providence, and record for future reference the medical matters of interest to the profession of the State.

THE MEDICAL BULLETIN presents its compliments and best wishes to the new enterprise.

Book Reviews.

The Principles of Treatment and their Applications to Practical Medicine. By J. Mitchell Bruce, M.A., M.D., F.R.C.P., Professor and Lecturer on the Principles and Practice of Medicine, Charing Cross Hospital, etc. Adapted to the United States Pharmacopœia by E. Quin Thornton, M.D., Demonstrator of Therapeutics, Pharmacy, and Materia Medica, in the Jefferson Medical College, Philadelphia. Lea Brothers & Co., Philadelphia and New York, 1900.

This is an excellently prepared and useful work. Written by one who has long been familiar with the difficulties of students, it is particularly well adapted to serve as a guide to the practice of therapeutics. The general subject is approached from the side which presents itself to the physician in his actual work. A physician's office is to heal the sick and relieve suffering. This is the object for which we prescribe. A knowledge of the pathological conditions present in each case is of the utmost importance, since how, otherwise, shall we be able to

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take measures for the amelioration of such conditions? Along such lines the text proceeds. The observation of the facts of etiology, pathology, and clinical symptoms is skillfully made to suggest the principles upon which we should act. The reader is led from the simpler to the higher generalizations of therapy regarding the nature of disease and its proper relation to treatment. In accordance with this plan the work is divided into parts, the first of which is devoted to the principles of treatment and the second to illustrations of those principles. In the first part we find nine chapters. These elucidate principles based upon the causes, pathology, and clinical course of disease, and upon the personal factor in disease. The means at our command are described and the art of applying principles is delineated. These chapters are full of instruction, and the style of the author is clear and direct. The second part of the work is of equal value. In this section, which contains twenty-three chapters, the writer takes up the chief maladies which afflict humanity and demonstrates how the principles developed in the first part of the book are to be utilized in practice. In this manner he reviews most carefully the methods and remedies to be employed in diseases of the heart, kidney, bladder, thoracic and abdominal organs, etc. At the close of each chapter of the second part is given an outline of practice suitable to the affection which was the subject of that chapter, or, in other words, a review of the methods which have been inculcated. This feature is of essential service. Dr. Thornton has given the American equivalents of the titles of all the English preparations named. The work can be cordially recommended.

The American Year-book of Medicine and Surgery. Being a Yearly Digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery, drawn from Journals, Monographs, and Text-books of the Leading American and Foreign Authors and Investigators. Collected and Arranged with Critical Editorial Comments by J. M. Baldy, M.D.; Charles H. Burnett, M.D.; J. Chalmers Da Costa, M.D.; W. A. Newman Dorland, M.D.; Virgil P. Gibney, M.D.; C. A. Hamann, M.D.; Howard M. Hansell, M.D.; Barton Cooke Hirst, M.D.; E. Fletcher Ingals, M.D.; W. W. Keen, M.D.; Henry G. Ohls, M.D.; Wendell Reber, M.D.; and J. Hilton Waterman, M.D., under the General Editorial Charge of George M. Gould, M.D. Surgery. Philadelphia: W. B. Saunders, 1900. Price, in Two Volumes, Cloth, $3.00 per volume; in Half-morocco, $3.75 per volume.

The present volume is devoted to general and special surgery. Its contents have been carefully selected from the year's literature by authors who are peculiarly fitted by reason of their own attainments, both as practitioners and writers, to glean from the enormous mass of current material that which possesses freshness and originality or which is, in any way, a distinct advance in our knowledge and resources. The student is enabled to acquaint himself swiftly with all that has been accomplished of late in the fields covered by this volume. Such a work is a genuine treasure to the man in practice. It is a well-nigh-impossible task for one individual to keep track of the various publications, even in the department in which he may be most deeply interested. Moreover, most men have not access to the world's literature. To have the gist of the advances of a year condensed in moderate limits in readable form should be esteemed as a great privilege. For those engaged in special researches the volume is furthermore of service as an authoritative guide. By means of the references accompanying all the paragraphs of the text one is pointed to the sources from which it has been prepared, and is thus placed in the way of more extended study on his own part. This year-book, therefore, will doubtless meet with a warm welcome.

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In order to meet, as far as possible, the requirements of different classes, the medical and surgical portions of this work are hereafter to be published in separate volumes. Physicians can now obtain in separate form that portion in which they are especially interested.

Bibliographia Mediea: A Continuation of the Index Medicus.

All whose duties lead them to study the literature of medical subjects are conscious of their deep debt to the Index Medicus, and have lamented its final suspension. Equally impressed with the value of such a publication, our French brethren have just perfected arrangements for establishing a successor to the Index, constructed on the same principles, with some modifications which seem desirable. The new periodical is to be known as the Bibliographia Medica, and is prepared under the auspices of the Bibliographical Institute, of Paris, the chief editor being Dr. Marcel Baudoin, a progressive medical journalist well known in the United States as the editor of Le Progrès Médical. The first number of the Bibliographia Medica was announced to appear on February 15th. It is to be published monthly, and is expected to contain about four thousand titles in each number of eighty pages, or fifty thousand a year at least. The subscription price for foreign countries is 60 francs: *i.e.*, $12.00 per year. We wish every success to our French friends, though we have always regretted that the Index should have failed, as it was certainly a credit to American bibliography.

A Manual of Modern Surgery: an Exposition of the Accepted Doctrines and Approved Operative Procedures of the Present Time. For the Use of Students and Practitioners. By John B. Roberts, A.M., M.D., Professor of Anatomy and Surgery in the Philadelphia Polyclinic, etc. Second Edition, Revised and Enlarged. Illustrated with 473 Engravings and 8 Plates in Colors and Monochrome. Lea Brothers & Co., Philadelphia and New York.

From its first issue Roberts's "Surgery" took high rank. It is clear, concise, compact, presents in faithful form the present *status* of operative medicine as understood by the writer, and strictly avoids all irrelevant matter. The author's practical experience has been wide. He is a skilled teacher and writer. These qualities guarantee a useful work. The general favor with which the book was met soon caused a demand for a second edition. In preparing this issue the features of the original have been retained, and those subjects in which advances have been made since the publication of the first edition have been entirely rewritten. The entire text has been carefully revised. The typography is of the first class and the plates are admirable.

Bacteriology in Medicine and Surgery. A Practical Manual for Physicians, Health Officers, and Students. By William Hallock Park, M.D., Associate Professor of Bacteriology and Hygiene, in the University and Bellevue Hospital Medical College, and Assistant Director of the Research Bacteriological Laboratories of the Department of Health, City of New York. Assisted by A. R. Guerard, Assistant Bacteriologist, Department of Health, City of New York. Illustrated with 87 Engravings and 2 Colored Plates. Lea Brothers & Co., New York and Philadelphia.

This is a very useful book for the purposes for which it is particularly intended. It does not describe with elaborate minuteness the technical methods by which microorganisms are investigated in the laboratory. The general plan of these methods is given in such a manner as to enable the practicing physician to have an intelligent conception of the principles. Further details concern the specialist of the laboratory. The knowledge that the physician requires for his work at the bedside or as a health officer is given with sufficient detail. The

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physical, chemical, and vital properties of bacteria, their relation to infectious disease, the manner in which they are influenced by heat, chemicals, etc., the subjects of immunity and infection, the bacteriological examination of water and air, and a description of the pathogenic bacteria which have been isolated constitute the main topics of the work. It will prove a valuable guide in such examinations as can be made in the office, and will indicate to the physician under what conditions he can obtain diagnostic assistance from the special laboratories. The book is written in a clear style and the typography is of the best.

International Clinics: a Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and Specially-Prepared Articles on Treatment and Drugs. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M.D. (Univ. Penna.), Philadelphia, Instructor in Clinical Medicine in the University of Pennsylvania, etc. Volume IV. Ninth Series. 1900. Philadelphia: J. B. Lippincott Company, 1900.

Our readers are familiar with the scope of this admirable publication. Making their appearance at stated intervals, the different volumes of the series bring to each man's library the utterances of renowned clinicians. One is thus brought and kept in touch with medical matters and progress in the chief centres of the world. In the volume before us we note, for instance, lectures by Sir Dyce Duckworth, Professor Hallopeau, Ludvig Hektoen, E. Fletcher Ingals, Edward Jackson, Professor Jolly, Professor Friedrich Mosler, and many others known as teachers and writers. Among the long list of instructive articles contained in this volume we have particularly noticed one upon "The Treatment of Pneumonia by Hypodermoclysis," by Frederick P. Henry, of Philadelphia; "The Treatment of Rheumatism with Reference to its Heart Complications," by James J. Walsh, of New York; "Treatment of the Heart in Chronic Interstitial Nephritis," by Arthur R. Elliott, of Chicago; "The General Etiology of Actinomycosis," by Ludvig Hektoen, of Chicago; "Albuminuria or Proteuria in Youth," by R. O. Beard, of Minneapolis; "Specific Disease of the Liver," by George L. Cole, of the University of Southern California; "Multiple Sclerosis," by Professor F. Jolly, of the University of Berlin; "Defects of Speech," by G. Hudson Makuen; "Mycosis Fungoides," by Prof. H. Hallopeau, of Paris. In a similar spirit each reader will doubtless select certain articles as being of particular interest. The general level of the series has been high from the first, and each successive volume maintains the reputation established by its predecessors. In fine, "International Clinics" is a valuable addition to any medical library.

Diseases of Women: a Treatise on the Principles and Practice of Gynæcology. For Students and Practitioners. By E. C. Dudley, A.M., M.D., Professor of Gynæcology in the Northwestern Medical School, etc. Second Edition, Revised, and Enlarged. With 453 Illustrations, of which 47 are in Colors and 8 Full-Page Plates in Colors and Monochrome. Lea Brothers & Co., Philadelphia and New York.

This is the second edition of a most excellent work. The descriptions of disease are clear and graphic, the facts of pathology are presented in their proper relation, the methods of treatment discussed and recommended are those which have received the indorsement of time and extended experience. The plates are beautifully distinct and certainly add appreciably to the value of the text. The arrangement of the contents is a feature which deserves commendation. As far as possible, the author

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has grouped the different disorders on pathological lines instead of describing together the various affections to which each organ is subject. This presents the matter to the student in that relationship in which it is customarily encountered in practice. In this respect and also in the manner in which his task has been executed the book is extremely well adapted to prove a useful guide in the study of the important class of maladies of which it treats. Manipulative and operative procedures are portrayed in such language as can be readily comprehended by the student. This portion of the work is aptly illustrated. In preparing the second edition the author has wisely retained the original arrangement, although he has made modification by treating the functional disorders of menstruation together in four special chapters. Although these are merely symptomatic, yet we think that the author has done well, if only for convenience sake, to discuss them individually in this manner. It is certain that those who provide themselves with this work will find no cause for regret.

A Text-book of Diseases of Women. By Charles B. Penrose, M.D., Ph.D., Professor of Gynæcology in the University of Pennsylvania, etc. Illustrated. Third Edition, Revised. Philadelphia: W. B. Saunders, 1900. Price, $3.75 net.

Professor Penrose's work is constructed upon a somewhat different plan from that of which we have just spoken. On an amplified scale it is the direct address of a teacher to his pupils. It is for this reason of the highest possible practical value within its own well-defined sphere. With clearness of thought and style, the author tells us the results of his reading, reflections, and experience. That the book has been deservedly appreciated is convincingly shown by the speedy demand for the third edition. Further words of commendation on our part seem unnecessary at this time, as we have no reason to modify in any manner the favorable verdict which we passed upon the first edition. The book is avowedly written principally for the medical student. A few additions have been made in order to present increased knowledge on some points.

Christian Science. An Exposition of Mrs. Eddy's Wonderful Discovery, including its Legal Aspects. A Plea for Children and Other Helpless Sick. By William A. Purrington, Lecturer in the University and Bellevue Hospital Medical College and in the New York College of Dentistry upon Law in Relation to Medical Practice; One of the Authors of "A System of Legal Medicine." New York: E. B. Treat & Company, 1900.

The monstrosity which calls itself by a pseudonym offends every variety of professional mind and trained intelligence. Intellectually it has no value, but in its actual application to "children and other helpless sick" it becomes most mischievous and, in some instances, absolutely fatal. This justly brings it under condemnation of the law. The present work is written from the lawyer's point of view, but by a lawyer exceptionally well qualified to present this aspect of the subject. Mr. Purrington analyzes the curious production which Mrs. Eddy has given to the world, and the quotations which he makes from its contents abundantly stamp it as intellectually worthless. In the following few lines the author shrewdly points to a fact which has probably much to do with the spread of this delusion. Referring to Mrs. Eddy's book, he says: "At the threshold of this *magnum opus* we are told: 'The time for thinkers has come.' Hitherto the world has got along in a thoughtless fashion; but at last the thinkers are upon us—not only those who think they think, but real thinkers; and it behooves us to heed their thought. Perhaps it is this statement, as much as any other in the book, that gives to Christian Science what vogue it has." In the course of his work Mr. Purrington cites a number of cases from the law reports.

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COMMERCIAL NEWS.

THE VALUE OF GLYCO-THYMOLINE (KRESS) IN THE LOCAL TREATMENT OF DISEASED MUCOUS MEMBRANES.

By George A. Hewitt, M.D.,
PHILADELPHIA.

Glyco-thymoline (Kress) has been so well known for years, has been so widely and beneficially employed, and fulfills so many important indications, that it is superfluous at this date to enter into any description of its physical and chemical characteristics. There is one valuable feature of its action, however, which seems not to have been sufficiently emphasized. I refer to its powerful exosmotic action, by which it withdraws serous fluid from congested and inflamed mucous membranes, thus relieving engorgement and œdema. This influence, in addition to its emollient and antiseptic qualities, renders it a peculiarly acceptable and efficacious application to an inflamed mucosa. Glyco-thymoline (Kress), for these reasons, combats the material causes and removes the results of inflammation. Furthermore, the relief of the distended blood-vessels stimulates the absorbents to perform their function in the absorption of exudates and infiltrations. The alkalinity of the fluid, moreover, facilitates the removal of accumulated morbid secretions and crusts. It is by virtue of this union of therapeutic properties that glyco-thymoline (Kress) has achieved so much success in the treatment of diseased mucous membranes. These structures are particularly exposed to inflammatory attacks due to atmospheric, mechanical, chemical, and bacterial agencies.

My own experience with this preparation extends through a number of years, and relates principally to its service in those affections of the nose and throat which come under the observation and care of the general practitioner. Those cavities are extremely prone, as everyone knows, to catarrhal attacks. Starting in one or other of these localities, the pathological process may be very rapidly propagated to the Eustachian tube and middle ear. Long-continued hypertrophic rhinitis, aggravated by repeated exacerbations, is the point of departure of anterior and posterior hypertrophies. Some of the infectious diseases of childhood, notably measles and scarlatina, are typically characterized by the involvement of throat and nose in a general disease-process. As the lymphoid tissue of these parts is extremely susceptible to irritation, we are apt to witness, dependent upon the same factors, attacks of adenoiditis, which may serve as the original step in the development of adenoid vegetations, with all their train of evil consequences. A nasal affection may also extend through the lacrymal canal and invade the organ of vision. The larynx may likewise become involved, and in some instances the disease may attack the deeper portions of the respiratory system. Numerous reflex troubles also spring from nasal maladies. It is, therefore, incumbent upon the practitioner to institute treatment as early as possible in every case, in order to avoid ulterior and disastrous consequences.

In all cases of recurrent and chronic catarrh of the nose and throat, unaccompanied by extreme pathological alterations, glyco-thymoline (Kress) is an admirable application, and in a large number of cases no other local measures are demanded. If hypertrophies or adenoids are present, operative procedures will be required for their radical cure.

In illustration of the class of cases in which glyco-thymoline (Kress) will be found of marked benefit the histories of a few cases may be briefly cited.

Acute Rhinitis.

Cases of acute rhinitis, or coryza, do not ordinarily come under the physician's care. If accompanied by decided chilly sensations, some fever, and general malaise the patient will sometimes seek medical advice in the

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fear that he is about to suffer from a more severe disorder. If seen sufficiently early action upon the skin by pediluvia, warm bath, warm drinks, and Dover's powder, or an equivalent, will generally abort the attack. Most cases run a neglected course, and may finally be brought under professional observation because the nasal discharge shows no tendency to diminish. In the latter class the use of glyco-thymoline (Kress), diluted with four to six times its bulk of water, and passed through the nasal chambers by means of Bermingham's douche, two or three times daily, soon proves effective. This douche is a very simple and inexpensive glass apparatus, the management of which is easily learned by anyone. Free flushing of the cavities in this manner is preferable to the use of a spray, as it cleanses the parts of inflammatory secretions and is thus enabled to continue its action directly upon the seat of disease. Some cases of the kind are as follow:—

Case I.—A man, 32 years of age, had taken cold three weeks previously, from exposure in rigorous weather. He had suffered ever since from a coryza, which annoyed him particularly by its persistency. The use of glyco-thymoline (Kress) in the manner above indicated soon afforded him relief, and in the course of a week the nasal discharge was completely suppressed.

Case II.—A woman, 29 years of age, had been troubled with coryza and sore throat for two weeks. Breathing was obstructed, and there was considerable mucous discharge from the nose. The nasal cavities were irrigated with a solution of glyco-thymoline (Kress) and it was also used as a gargle. These local measures, together with moderate doses of quinine, were soon successful in effecting a cure.

Case III.—A man, 25 years of age, had been troubled with coryza for a week, together with tickling in the throat, some pain in swallowing, and a cough. The half-arches were injected, but the tonsils were not swollen nor was there any general pharyngitis. Several full doses of quinine were given and glyco-thymoline (Kress) was used to flush the nose and also as a gargle. Speedy recovery ensued.

Chronic Rhinitis.

In persons of a weakly constitution, in those who are confined too closely to the house, and especially in those of a scrofulous diathesis there is a strong tendency to catarrhal attacks. Such individuals suffer, during the colder portion of the year particularly, from a succession of attacks. In simple chronic rhinitis, chronic coryza, or chronic catarrh there is a free proliferation of the mucous membrane and turgescence of the erectile tissue. Patients of this class usually require tonics and alteratives, such as iron, quinine, strychnine, the hypophosphites, arsenic, mercuric bichloride, or cod-liver-oil. Glyco-thymoline (Kress) acts directly upon the seat of disease. A few illustrative cases are appended.

Case IV.—A boy of 12 years had suffered from repeated attacks of malaria, and, being fond of books, hardly had as much outdoor exercise as a growing child requires. His general health was fair, and, with the exception of the malarial paroxysms, he was rarely ill, but in the winter he scarcely recovered from one nasal catarrh before he was again attacked. He was annoyed by the constant necessity of using the handkerchief, and his respiration was often somewhat obstructed. He was placed upon a combination of iron, quinine, and arsenic, with the local use of glyco-thymoline (Kress) by means of the Bermingham douche. His strength gradually increased, the liability to take cold was decidedly lessened, and he was encouraged to spend more time playing in the open air. After a summer in the country he returned greatly invigorated and with a normal nose. During the following winter he had but little trouble.

Case V.—A girl, 11 years of age, was similarly affected. She was well built, well grown, and unusually quick in her studies. She was fond of girlish play also, but ex-

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hibited a marked predisposition to nasal catarrh. On account of a delicacy of constitution she was ordered compound syrup of hypophosphites with codliver-oil. Locally glyco-thymoline (Kress) was used in the manner already described. The nasal catarrh and the tonsillitis, to which she was also subject, became much less severe and frequent. For the past year she has been entirely free from trouble, is blooming like a rose, and heads her class at school.

Hypertrophic Rhinitis.

If chronic nasal catarrh is neglected, it terminates in hypertrophic rhinitis. The substance of the mucous membrane, or corium, the superimposed epithelium, and the submucous tissue become thickened and stiffened by an organized infiltration, which keeps the erectile tissue constantly dilated and full of blood. This hypertrophy, together with the presence of morbid secretions, causes notable obstruction to respiration; the patient breathes more or less habitually through the mouth; the lips, tongue, and buccal cavity are dry; the Eustachian tube is often involved; there may be dullness of hearing; and attacks of pharyngitis, tonsillitis, or laryngitis are apt to occur. If such cases are allowed to progress unchecked, they usually give rise to anterior and posterior hypertrophies, which will require surgical intervention.

Cases of hypertrophic rhinitis without thickening of the septum or turbinates are as follow:—

Case VI.—A man, 34 years of age, had suffered for years, especially in cold or damp weather, from difficulty of breathing, accompanied by a thin discharge from the nose. At night he was obliged to sleep with his mouth open. He was prone to attacks of follicular tonsillitis. This man was appreciably benefited by a course of arsenic internally and the persistent local use of glyco-thymoline (Kress). In the course of a few weeks the situation was entirely changed. A sense of obstruction was then seldom present. The discharge had entirely disappeared. He is now almost entirely free from his old symptoms. Whenever there is any threatened recurrence he has immediate recourse to his bottle of glyco-thymoline (Kress).

Case VII.—A woman, aged 22 years, had suffered for years from an aggravated case of hypertrophic rhinitis. Obstruction was marked, discharge was constant. At night she constantly breathed through her mouth. She was subject to sore throats and attacks of bronchitis. This patient was directed to take hypophosphites, malt, and codliver-oil, as she was of a distinctively-strumous diathesis. Withal, however, she was possessed of considerable muscular strength, and, aided by the local action of glyco-thymoline (Kress), made a very satisfactory recovery.

Acute Pharyngitis.

Glyco-thymoline (Kress) is a serviceable remedy in the treatment of the above disorder. It is diluted with several times its volume of water and used as a gargle. Patients often testify to its value in alleviating the pain of the inflamed throat. Among many cases in which it was beneficially employed were the following:—

Case VIII.—A young man, 19 years of age, had taken cold two days previously, had a chill, pain in the head and limbs, cough, and slight expectoration. There were no râles in the chest. The throat was sore, he had pain in swallowing, and the pharynx was the seat of a diffuse redness. General treatment appropriate to his condition was given. The man himself attributed much importance to gargling with glyco-thymoline (Kress), which, as he expressed it, "went right to the spot."

Case IX.—A woman, 22 years of age, had suffered two days with sore throat. There was pain in swallowing; she had headache, backache, and pain in the limbs. The pharynx was red and swollen. The chest was clear. The same local treatment was equally beneficial as in the preceding case.

Case X.—A woman, 55 years of age, after an imprudent exposure, was seized

(Continued on Advertising Page 18.)

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with sore throat, pain in the neck, and difficulty in breathing. She was alternately chilly and feverish. The soft palate and half-arches were vividly red. There was no enlargement of either tonsil. The cervical glands and the left sterno-mastoid muscle were tender to the touch. Internal remedies were administered, but the patient ascribed no little share in the improvement which took place to the use of glyco-thymoline (Kress) in the form of a gargle.

CASE XI.—A woman, 24 years of age, in consequence of a chill suffered from aching pains and sore throat. The pharyngeal mucous membrane was intensely injected, but the tonsils were unaffected. In this case, likewise, the gargle was regarded as contributing materially to the cure.

CHRONIC PHARYNGITIS.

If, as often occurs, chronic pharyngitis is the result of an old affection of the mucous membrane of the nose, the latter organ must receive the same treatment already outlined as proper for chronic rhinitis. The following cases may be referred to as examples:—

CASE XII.—A young man, aged 24 years, had been annoyed for several years by chronic pharyngitis due to smoking. From time to time during the day, and especially in the morning just after rising, there was hawking, which brought up without difficulty a mass of thick mucus. This was the chief feature of the case, and was notably aggravated by exposure to cold, damp weather. Abstinence from tobacco was advised, but, although he reduced his former allowance, he seemed unable to abandon the habit. Gargling with the fluid of which we write afforded him perceptible relief, reducing the inflammation and irritability of the mucous membrane and diminishing secretion. In connection with the other methods adopted it was finally successful in effecting a cure.

CASE XIII.—The same efficacy was displayed in the case of a young man, aged 27 years, who had for a long time been subject to chronic pharyngitis, dependent upon nose trouble and accompanied at intervals by occlusion of the Eustachian tube. In this case the fluid was used both in the nose and throat.

FOLLICULAR TONSILLITIS.

In this disease, so common among young children, glyco-thymoline (Kress) may be employed with advantage. Its exosmotic properties are extremely serviceable in reducing the size of the swollen glands. The enlargement is apt to subside slowly, even after the active stage of the inflammation has passed. Children who are old enough to gargle may employ the remedy in that manner. In those too young it may be applied upon absorbent cotton. Representative cases are:—

CASE XIV.—A boy, 11 years of age, had suffered for a day from headache and fever, with pain in swallowing. Both tonsils were red and swollen, especially the right, which was studded with patches of exudation from the crypts.

CASE XV.—A girl, aged 15 years, had had a chill twenty-four hours previously, her throat felt sore, and it pained her to swallow. The glands of the neck were swollen and there was fever. Both tonsils were considerably enlarged. The crypts were exuding their characteristic discharge.

CASE XVI.—A young woman, 19 years of age, was attacked by vertigo and lost consciousness. Twelve hours later both tonsils were found greatly swollen, almost meeting in the middle line. The cervical glands were moderately enlarged. The surface of the tonsils was dotted by exudation.

The three immediately preceding cases were all treated in the same way, as far as local measures were concerned. This has been described above, and need not here be repeated.

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(CONTINUED ON ADVERTISING PAGE 20.)

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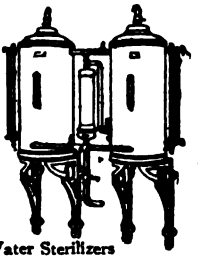

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severe distress. Pain, itching, and hæmorrhage combine to render the patient miserable. In some instances they become seriously debilitated. In the earlier periods of the malady a practical cure may be obtained by the use of glyco-thymoline (Kress) as an injection and compress. The preparation is diluted with an equal quantity of water, and, of the mixture, from 2 drachms to $^1/_2$ ounce are thrown into the rectum by means of a small syringe. This operation is performed two or three times a day. In the intervals it is a good plan to insert a wad of absorbent cotton, saturated with the fluid, into the rectum in order to secure a more constant action. The remedy has also been given with success by the mouth in such cases, the dose being a teaspoonful, well diluted. Cases in illustration of this mode of treatment are:—

CASE XVII.—A man, 50 years of age, of robust build, who had always enjoyed good health and muscular vigor, was severely afflicted. The tumors were not large, but they gave rise to intense, lancinating pain in the rectum, shooting likewise into the urethra. There were frequent hæmorrhages. For a month or more the man had been unable to sleep much, and had lost considerable flesh. The use of the remedy as indicated above was followed by a very happy result. The symptoms were rapidly ameliorated, and by the end of a month had entirely disappeared.

CASE XVIII.—In the similar, though less severe, case of a man, 52 years of age, there was pain and occasional bleeding, but the most prominent symptom was distressing pruritus. All manifestations were fully relieved by the use of glyco-thymoline (Kress).

VESICAL, UTERINE, AND VAGINAL DISEASES.

In cystitis the same preparation produces excellent results, removing from the bladder the accumulation of mucus which, by its continued presence, aggravates the local condition. After the organ has been thus cleansed, the remedy is strikingly efficacious in allaying the inflammation. For irrigation of the bladder 1 part of glyco-thymoline (Kress) is added to 10 or 12 of water.

In endometritis the cavity of the womb is thoroughly cleansed or curetted, according to circumstances and the indications of the case, after which it is packed with tampons impregnated with a 1 to 10 solution of glyco-thymoline (Kress). In moderate cases of leucorrhœa this fluid alone will suppress the discharge.

In gonorrhœal vaginitis this remedy has proved effectual. By the courtesy of a colleague I am permitted to quote the two following cases which came under his observation:—

VAGINITIS.—The first was that of a young unmarried woman who suffered from acute vaginitis. Examination by the microscope showed the presence of the gonococcus. The disease was well advanced when the patient was first seen. The discharge was profuse, acrid, and excoriating. She had been treated by different methods without improvement. Douches were ordered of a solution of glyco-thymoline (Kress), 10 per cent., and tampons saturated with the same preparation, full strength; and under this treatment the patient completely recovered in less than ten days. The patient has remained well for four months, and there has been no recurrence of the former trouble.

FUNGOUS ENDOMETRITIS. — The second case was that of a married woman, 36 years of age, in whom there existed extreme granular degeneration of the endometrium. The cavity was curetted and packed with gauze saturated in glyco-thymoline (Kress), full strength. Recovery was rapid and complete. There was no mucous discharge.

"HYDROLEINE" AS A REMEDY IN THE TREATMENT OF WASTING DISEASES.

The questions usually asked by those unacquainted with the preparation are:—

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(CONTINUED ON ADVERTISING PAGE 22.)

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compound mixture of the purest Norwegian codliver-oil (50 per cent.), soda, salicylic acid, and soluble pancreatin, all of which is suspended in a very-finely-divided emulsion, most palatable and easily digested. When hydroleine comes in contact with the bile, it distinctly increases its power in passing through moist animal membranes, and the biliary principles incorporated in its own structure prepares for the absorption which takes place in the lacteals; hence its ability to improve the general constitutional tone, to evolve force and heat, and supply the fatty elements which are so essentially requisite for the construction and repair of the tissues.

How does hydroleine increase body-weight? By stimulating the animal cells and aiding the assimilation of other foods which would not otherwise be absorbed; this is, however, due to the fact that hydroleine enters into the basic formation of the chyle, which, in itself, is so necessary to intestinal digestion; hence its qualities as a tissue-builder.

Why is hydroleine better than any other emulsion? Because it is a predigested codliver-oil, most thoroughly emulsified, palatable, and possessing highest nutritive qualities. Clinical tests have proved it to be of greatest therapeutic value in the treatment of wasting diseases, owing to its being more easily digested and assimilated than other emulsions.

The chemical analysis of codliver-oil reveals the presence of many constituents; these are called alkaloids, or "active principles," of the oil. They are found in peculiar combination with the fat and are with difficulty separated from it. Nearly every investigator has been able to extract from the oil some additional substance. At the present time there have been discovered over sixty elements in this oil. To break up codliver-oil into these several ingredients is to change its character altogether. It is impossible to take any of these constituents from the oil without either impairing or totally destroying the therapeutic properties of the parts taken or of those remaining. There is no doubt but the alkaloids of codliver-oil are valuable, because of the peculiar combination as it is in the oil.

It must be laid down as a rule, founded upon scientific study and verified by years of observation upon hundreds of thousands of cases, that the whole oil must be used if the therapeutic results are desired.

The greatest demand is for a good emulsion, the reasons for which are evident. The emulsion is more easily borne by the stomach, and is not so liable to cause eructations of gas. This is due to the fact that when an oil is emulsified it is finely divided and more easily absorbed. Hydroleine is most readily absorbed, for the reason that it is emulsified with soluble pancreatin, making it a predigested emulsion. It is more pleasant to taste than are the pure oils; therefore the majority of physicians prescribe it.

It is a very unfortunate fact that there is no fixed standard for codliver-oil emulsions, one pharmacist offering an emulsion of his own manufacture at a certain price, while another competitor near by sells it for a third less. The former giving 30 per cent. of oil in his, while the latter gives but 10 per cent., yet both preparations are "emulsions." It is not well, then, for a physician to prescribe an emulsion of codliver-oil unless he is confident that the one ordered contains codliver-oil, and in definite proportions. To prescribe any emulsion is to express confidence in its curative properties so far as the label on the package is concerned. Therefore it is of greatest importance to exercise much care in ordering emulsions. Codliver-oil in a predigested emulsion; as found in hydroleine it is a most valuable therapeutic remedy in the treatment of wasting diseases. It is both a food and tonic agent, acting as a nutritive, reconstructive, and alterative. It makes pure, rich blood; it restores the waste-tissue in both bone and muscle, and makes fat faster than any other treatment known at the present time. Within the past few

(Continued on Advertising Page 24.)

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXII. PHILADELPHIA, APRIL, 1900. No. 4.

Clinical Lecture.

TERTIARY SYPHILIS.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

GENTLEMEN: For this hour's study we have three very interesting and important cases. I will, as a preliminary, give you the chief points of their histories as narrated by the patients.

CASE I.—A woman, 53 years of age, who came into the hospital for the purpose of undergoing a necessary gynæcological operation, is the subject of a cutaneous disorder having no relation to that of the generative apparatus. Upon the left side of her chest is a zone of lesions, which, from their position and arrangement, might lead us to think of herpes zoster. The disease seems to follow the course of an intercostal nerve. The zone describes the outline of a circle. The centre of the ring is free from eruption, but is slightly pigmented. Around the border, outside the circle, are many rather large spots covered with small scales, some dark in hue and others grayish. There is no pain connected with the eruption. There are the remains of other spots upon the limbs. Isolated scars are also to be seen. This disease has been in existence for more than three years.

CASE II.—The second patient is a man, 30 years of age, who has upon the cheeks and neck an eruption which has been present for a week. I perceive in those situations scattered tubercles, of a dull-red color and without evidence of suppuration, although the man asserts that pus and scabs have been in existence. The eruption is upon the right side principally and in the region covered by the beard. There has been decided itching. Upon the lower part of the right side of the chest there is a similar rash, and there are also spots upon the thighs. Over the sternum is a patch about the size of a ten-cent piece. It is dry and scaling. The man had a chancre five months ago. Upon various parts of the body pigmented spots are seen.

CASE III.—A woman, 38 years of age, comes here on account of a well-marked lesion upon the forehead. Another exists upon the right side of the chest, and is covered with characteristic crusts. The disease began upon the chest two years ago in the form of small pimples,—*i.e.*, papules,—which she describes as of a dull-red color and which enlarged, being finally lanced, but giving exit to no pus. They contained nothing but blood. The arrangement and form of the lesions is distinctive. They are large, excavated, and surmounted by crusts of a dark-yellowish brown or even blackish hue, and composed of strata, or layers.

[1] Delivered in the Amphitheatre of the Medico-Chirurgical Hospital.

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These layers in many cases diminish in size as they ascend, so that the aspect is fairly comparable to the shell of a snail. In other cases the arrangement recalls the stratification of the oyster-shell. In every instance this stratification of the crusts points unerringly to the diagnosis. If I remove one of these crusts the surface beneath has an appearance as if it were scooped out.

Upon the neck of this patient I find also some macules.

As a preliminary to diagnosis it will be profitable for us to practice the method of exclusion. I have said that the position and arrangement of the lesions in the first patient were suggestive of herpes zoster. The resemblance, however, is of the most superficial and resides in the fact that the disease roughly corresponds to the course of an intercostal nerve. Distribution along the course of a nerve is an essential feature of herpes zoster, but an equally distinctive feature of that disease is a vesicular lesion. In the case now under discussion there are no vesicles, nor have there ever been any in existence. Herpes zoster may, and generally does, cause pain, which is often of an intense and neuralgic character. In the present case there has been no pain. The principal lesions here are tubercular. For these reasons the case cannot be one of herpes zoster. Lupus vulgaris is attended by tubercles somewhat similar to those upon which we now look, but those of lupus are flatter and of a darker-red color. Furthermore, tubercles are not the sole variety of lesion which I find upon this woman's body. Upon the limbs I find old, pigmented spots and cicatrices. I can also detect scattered macules and papules. In short, although tubercles predominate, yet the case presents a variety of lesions.

The second case is analogous to the first in exhibiting different lesions. I observe, for instance, papules, tubercles, pustules, and pigmentations. Many of the pustules have burst and their contents have become incrusted upon the surface. The most conspicuous feature is pustules with crusts. In the third patient I find macules in addition to the characteristic stratified crusts. These crusts are altogether unlike those which we encounter in lupus. In the latter disease we meet with gelatinous tubercles, which appear to be imbedded in the skin, are numerous, generally grouped closely together, and of clearly-defined outline. The tubercles break down to form ulcers, and some of these ulcers cicatrize. On the contrary, some of the tubercles undergo resolution. This picture does not correspond at all to that of the case now in our midst.

However unlike in their gross aspect, there is one particular in which these three cases agree. In each we find more than one form of lesion. They are polymorphous in arrangement. There is a peculiarity, moreover, in their color. It is not the vivid hue of active inflammation, but is of a duller tint, comparable to that of copper or lean ham. Let me also call your attention to the crusts upon the woman's countenance. Note their stratification and their dark, greenish, brownish, or even blackish tint. You may then understand me when I tell you that they are typical and distinctive. Let their aspect be engraved upon your memory. The three cases are, in fact, illustrations of different forms of later syphilis as it manifests itself upon the integument. They exemplify different forms of tertiary syphilis. We classify the later forms of skin syphilis according to the predominant lesion. The first patient is an instance of tubercular syphilide, the second of pustulo-crustaceous, while the third is a typical example of rupia. The first two terms explain themselves, while the name rupia, from its etymology, refers to the dirty aspect of the crusts.

The tubercular syphilide does not usually make its appearance until two, three, or four years after primary infection. Exceptionally it may occur within a few months after contamination. Individual tubercles range from the size of a split pea to that of a chestnut. They are not generally

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present in large numbers. They are sometimes grouped in serpiginous clusters. An aggregation of tubercles may also assume other shapes. They persist upon the skin for several months, when they disappear by fatty degeneration, absorption, or ulceration. The ulcer may be superficial or deep. The edges of the ulcer are infiltrated and of a dark-red color. Its base is covered with a yellowish or greenish secretion. The secretion may dry into crusts.

The pustular syphilide is divided into the acuminated and the flat pustular variety, and each of these, in turn, is subdivided into small and large, referring to the size of the lesion. Acuminated pustules belong to the secondary stage of syphilis. The small and large pustules may be either superficial or deep. The lesions upon the person of the second patient should be classed as small, superficial pustules, but even these are among tertiary manifestations, and seldom occur before the second year of the disease. In this case we are told that the man suffered from a chancre only five months ago: an exceptionally early period for the development of this variety of syphilide. You should, however, remember the possibility of such an event. Not only the tertiary cutaneous eruptions, but also visceral involvement has been known to occur during the secondary period.

The peculiarity of the incrustation to which I have alluded under the name of rupia may be the consequence of either the bullous or the large flat pustular syphilide.

It is highly important, for many reasons, that you should be able to recognize syphilis promptly by its objective signs. Either for purposes of deception or through carelessness and ignorance on the part of the patient you will, in a large number of instances, be totally unable to obtain a history of primary disease. Two out of these three people either cannot or will not give me any information upon that point. I by no means deny the value of a history. I wish you, nevertheless, to be able to make a diagnosis in the absence of a history. Otherwise, time will be lost, the disease will progress without check, and greater destruction of tissue will result. In the contagious period the malady may be transmitted to innocent persons and may be propagated to unborn babes.

Again, bear always in mind that tertiary syphilis attacks all tissues and organs. Be ever on your guard. Watch your patient with the utmost vigilance. The sores of the tertiary period are, indeed, loathsome to the sight, but they are by no means the most severe or the most dangerous manifestations of the disease. A patient may walk into your office with an eruption such as we witness in these people here to-day, but may unconsciously be afflicted with gumma of the brain, heart, liver, or other important internal organ. This happened with one of our clinical cases last winter. A victim of late cutaneous syphilis succumbed to a gumma of the brain. Another man whom I recall was a private patient. His only complaint when I first saw him was of a pustular syphilide of the face. Within a few days symptoms of mental alienation showed themselves, he soon became demented, was blind for a time, and eventually perished. The treatment was promptly instituted, but proved without avail. The nervous centres had been too deeply involved to permit recovery. The autopsy revealed the presence of numerous gummata of the brain, some being situated around the optic thalami; others were found in the upper part of the spinal cord.

Such malignant cases are rare. It is proper, nevertheless, to remember that they occur.

There is another reason, and a very important one, practically, why we should strive to recognize syphilis at the earliest possible moment. The lesions are, as a general rule, quickly responsive to correct treatment. It is remarkable to witness the rapidity with which the most repulsive eruptions and large gummy tumors will re-

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cede under the influence of potassium iodide. Medicinally the iodide of potassium, sodium, or ammonium is our sheet-anchor in tertiary disease. These salts may often be combined with good effect. Of recent years the strontium salt has been praised. Still more lately rubidium iodide has been recommended by some writers. The potassium salt, however, is the one most generally employed and answers every purpose. Beginning with a moderate dose, the remedy may be gradually increased until the stomach becomes intolerant or some evidence of the constitutional effect is produced. The quantity is then reduced or the medicine is entirely suspended for a time. It is very customary to combine a mercurial with the iodide, constituting what is known as the mixed treatment. If I make use of the mercurial at all in this stage of syphilis I generally prefer to give it separately rather than in combination. In syphilis of the nervous system or of the larynx it is of advantage to associate the bromide with the iodide of potassium. Furthermore, it is necessary to remember that most of the victims of tertiary disease are debilitated, and it is therefore well to give also from time to time pure tonics, such as iron, quinine, arsenic, strychnine, or the mineral acids. On account, likewise, of the depressed condition of the blood and tissues, all the hygienic requirements must be strictly observed, at least as far as possible. In clinical services it is not always possible to accomplish much in this direction. Food should be simple and nutritious, clothing appropriate to the season, ventilation of living-rooms and bed-chambers should be thorough, and the patient should avoid alcohol, tobacco, and venery. Local methods are comparatively unimportant. By means of poultices, warm water, or oil dressings we may soften and loosen crusts. More or less stimulant ointments may be of some assistance in promoting cicatrization, provided the patient has been placed upon constitutional treatment. Alone, they are quite ineffective. This fact is constantly demonstrated in practice.

In applying the foregoing principles to the cases now in our presence I shall order for our first patient, on account of the weakness of her digestive organs, mercury with chalk,—hydrargyrum cum creta,—which under such circumstances answers a very excellent purpose. The presence of chalk enables it to be better borne. As I have said, the patient is an inmate of the hospital, and we shall, therefore, have every opportunity of assuring ourselves that the general principles are faithfully observed. I shall order thus:—

℞ Hydrargyri cum creta, gr. iij.

Sig.: One powder to be taken four times a day. As a local adjuvant:—

℞ Unguenti hydrargyri nitratis, ℥ss.
Acetanilidi, gr. x.
Unguenti zinci oxidi benzoati, ℥ss.
—M.

The amount of acetanilid in the prescription shall be gradually increased to 20 grains.

The second patient, the man afflicted with pustulo-crustaceous syphilide, shall receive:—

℞ Potassii iodidi, ℥ss.
Syrup. sarsaparillæ co., ℥vj.

M. Sig.: Dessertspoonful four times a day.

For the victim of rupia I shall order 15 grains of potassium iodide to be taken four times daily. Externally she shall make use of an ointment containing 10 grains of calomel and 15 grains of carbolic acid to an ounce of oxide-of-zinc ointment.

Dr. Lewellys F. Barker.—Dr. Lewellys F. Barker, Associate Professor of Anatomy and Assistant Pathologist at the Johns Hopkins Hospital, Baltimore, Md., has accepted the position of Professor of Anatomy in the University of Chicago and Rush Medical College.

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Original Communications.

RELATION OF THE GENERAL PRACTITIONER TO THE SPECIALIST IN OPHTHALMOLOGY.

By T. E. Conard, M.D.,
PHILADELPHIA.

The preservation of the healthy functions of the eyes, the importance of an early recognition of abnormal refractive conditions, and the detection of pathological changes in the eye which so often bear close and important relations to the general health, undoubtedly render it inadvisable that one should seek the optician for relief of headaches, dizziness, vertigo, vague symptoms of eye-strain, dimness of vision, etc.

There is none of the five senses more cherished than that of sight. Without it the whole world is a blank, light is turned to everlasting darkness, and all the beauties of Nature are shut out forever.

From birth until death the eyes are exposed to many dangers and subjected to many vicissitudes. One of the first and most frequent of these, and one that has in the past caused more impairment of vision and furnished more inmates for our blind asylums than any other single disease or accident is ophthalmia neonatorum.

This infectious and contagious disease often runs a very rapid course. In some instances within twenty-four to forty-eight hours the lids have become greatly swollen, œdematous, and so tense and hard that eversion of them for an inspection of the conjunctiva and cornea is very difficult.

There is a profuse purulent discharge, sometimes becoming sero-sanguineous, and the tension becomes so great that the circulation is interfered with, the orbital conjunctival vessels become choked, and the vitality of the cornea is jeoparded. Ulceration begins and sloughing may soon follow if prompt relief is not afforded. It is, therefore, of the greatest importance to recognize this affection early.

Every physician practicing obstetrics, and all physicians having young infants in charge, should be wide awake to the dangers of this disease, and to the necessity of its early recognition and prompt treatment. The nurse's or mother's word for it, that the baby has a little cold in his eyes, must not be taken; but a careful inspection should be made at once. If the lids are a little puffy, the conjunctiva red and swollen, and even a slight muco-purulent discharge is found, there is undoubted infection, and abortive treatment should at once be instituted. Having procured a 10-per-cent. solution of protargol and a package of absorbent cotton; $^1/_2$-pint solution of boric acid, warm; and two eye-dippers, you are ready to treat the little patient. Let the nurse hold the baby with its head on a towel spread across your knees, let the head drop just enough between them to engage it slightly,—enough to hold it steady,—and proceed to wash away all discharge with the warm solution of boric acid, everting the lids and washing them thoroughly, after which instill 3 or 4 drops of the 10-per-cent. solution of protargol.

This should be repeated daily until the discharge has entirely ceased. During the twenty-four hours between the daily treatment, the eyes should be washed out every hour or two, according to the condition, with the warm boric solution and 5 drops of a solution consisting of sodium biborate, 8 grains; boric acid, 20 grains; in distilled water, 1 ounce, dropped in each eye.

If on first examination the inflammatory symptoms are very severe, but the discharges not very great, the lids tense and hard, and conjunctiva dry, glazed, and shiny, it will be best to thoroughly cleanse them with boric solution and apply cold in the following manner: Small squares of lint or several thicknesses of gauze are kept on a block of ice, and from it transferred to the eyes, changing frequently so as to keep a uniformly cold compress on them,

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which may be kept up for half an hour or an hour at a time, according to the urgency of the case, until the inflammation and swelling are much reduced and the conjunctiva is relaxed and moist. Now a 2- or 4-per-cent. solution of nitrate of silver should be applied, repeating daily, until the discharge is greatly lessened, when the strength may be reduced and the intervals may be extended to two or three days. At other times the little patient when first seen may have a profuse discharge from one or both eyes, of creamy, yellow pus, the conjunctiva swollen, granular, and spongy on the lids, and on the eyeball so thickened and swollen as to partly cover the cornea. After a thorough cleansing with warm solution of boric acid or diluted hydrogen dioxide, or both, evert the lids, wipe dry, and apply a 3- or even 5-per-cent. solution of silver nitrate, neutralizing afterward with salt solution or plain water. Follow this up as mentioned above by hourly irrigation with warm boric solution, to keep the discharge washed away. Between-times warm fomentations and the instillation of a few drops of the above-mentioned solution of biborate of soda and boric acid will be comforting and beneficial. Haziness of cornea, a frequent result of the inflammation, will call for atropine. If there is threatened perforation of cornea, near margin, eserine will sometimes be found preferable to atropine, by contracting the pupil and keeping the free margin of the iris away from the weakened point and thus avoid prolapse.

Ulcers of the cornea are frequently found in the young, and are largely preventible. Vitiated blood, inherited or acquired; eating poor food, breathing bad air, the want of cleanliness of person, clothing, and surroundings; neglected colds, chronic nasal catarrh, constipation, diarrhœa, smoke, dust, and foreign bodies in the eye are some of the causes accountable for these ulcers. Not infrequently a small ulcer of the cornea is overlooked. The patient complains of pain, dreads the light, eye waters profusely, and the family physician is consulted for something in the eye, or a cold. An eye-wash is ordered and the patient is probably, as I have known it to be, confined to a dark room, shut up and deprived of what he needs so much: fresh air and exercise.

But, the true condition having been discovered, if it is an ulcer, what shall be done? The eye should be well irrigated with warm boric solution, a few drops of a 4-grain solution of atropine instilled, and the eye put to rest by a light compress and bandage. The atropine quiets the spasm of the ciliary muscles, and thus, with the compress and bandage, the eye is put in splints and kept quiet while the patient can go about and enjoy exercise, sunlight, and fresh air. This treatment must be repeated twice or thrice daily until the ulceration is arrested. When the symptoms are less severe the bandage may be left off and dark glasses worn instead. If the ulcer is indolent and margins much undermined the application of pure crystallized carbolic acid or the actual cautery I find to be good treatment, often promptly checking the slough and hastening resolution.

The administration of a good tonic is generally an important part of the treatment. Tincture of cinchona compound, the elixir of iron, quinine, and strychnine, or an alterative tonic like the syrup of iodide of iron, and codliver-oil will prove of great benefit. If the pain is very severe, one or two foreign leeches to the temple will aid in bringing relief. Warm fomentations or compresses are usually most acceptable, rarely cold. If blepharospasm should be a prominent feature of the trouble and persists, a canthoplasty often affords relief and hastens the cure.

Let it be remembered, then, from the allusion to some of the dangers to the eyes and the exciting causes of, as well as the predisposition to, diseases of them, that daily bathing of the eyes is important at all ages. Avoid repeated colds, that a permanent catarrh may not be established. If

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there is a nasal catarrh, attend to it at once, for a neglected catarrh endangers the eyes. Children attending school should not be allowed to do much or any studying by artificial light. The five or six hours in the school-room, bent over their books, slates, and paper, is tax enough on the tender, sensitive growing organ of sight. The light should, as much as possible, come from above or over their shoulders, and they should not have it glaring in a window directly in front of them. They should not be permitted to sit in a cramped and bent-over, stooping position and holding the work close to the eyes, or, rather, bending over with the eyes close to their work. Parents or teachers noticing a child persisting in this habit should have his or her eyes examined. The neglect of this precaution has been the cause of permanent injury to the eyes. If the eye is a near-sighted one, the trouble is very likely increased. Often the case is one of far-sightedness, yet with all the appearance of being near-sighted. Such persons frequently go to the optician and, taking it for granted they are in reality near-sighted, they will say the near-sighted glasses improve the difficulty, and the far-sighted ones make it worse. The optician puts on the near-sighted glass, with the result that in a short time the headaches and eye-strain increase and the muscles become unbalanced, and possibly a permanent squint is established. Is it good policy then, with these facts in view, to trust the optician to decide or determine the lens-correction for these cases? It certainly is not. A far-sighted eye may become a near-sighted one from overwork, overtaxation, poor light, cramped and bent-over position of body, loss of fat and flesh, and the want of proper glasses. Is it right that these cases should be referred to the optician to treat, knowing, as we do, that not only may the eye become permanently myopic, but for lack of caution and careful treatment and guidance these eyes may become so injured internally by stretching of choroid from elongation and bulging of the ball, as to greatly impair and endanger the sight. I have very frequently had (in fact it is almost a daily occurrence) patients come in that have had near-sighted glasses from an optician, and an examination discloses the fact that far-sighted ones are needed; thus fuel has been added to the fire and the eyes are strained and irritable and it takes months to get them quieted down again. Nasal catarrh and catarrh of the ears often produce eye disturbances, and the optician is called upon for glasses. Of course, he sells them to his customers; that is his business, but it is not his business to detect that it is a disease of the nose or ears that needs treatment, and not the eyes.

Squint, or crossing of the eyes, so disfiguring to child or adult, could often be averted by early application to the oculist on first noticing a tendency to frown and squint the eyes when reading or writing. Twitching of the muscles of the face and constant winking are frequently and generally warnings of eye-strain, and should not be neglected. Nervous spells, chorea, and even epileptic seizures may be traced to eye-strain. Grave constitutional diseases are often first detected through an examination of the eye with the ophthalmoscope, by the oculist, that, if taken early, can be cured, but, if undetected until manifested by general symptoms, have gone too far and are incurable.

These and many other reasons could be given to show that it is poor economy for the patient, for the sake of saving an immediate outlay of a few dollars, to apply to the optician or jeweler for glasses. It is a still worse professional and business principle for the family physician to thus advise them, when it is so manifest that the oculist can protect both him and his patient by giving the latter what he needs, and report to the former on any special condition detected by an ophthalmoscopical examination that would call for his professional care and treatment. Thus the specialist protects both the family physician and his patient.

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I feel sure that all honorable physicians, looking at this subject in its proper light, cannot fail to appreciate its importance nor hesitate in deciding that the right and honorable course to pursue for the good of their patients and credit to themselves is to protect them from the impending dangers that beset them if they fall in the hands of quack and advertising optical specialists.

THE VALUE OF TANNIGEN IN DIARRHŒA.

By George A. Hewitt, M.D.,
PHILADELPHIA.

Diarrhœa is symptomatic of numerous morbid conditions. It is most frequently due to digestive derangements. Acute attacks are in so far beneficial that they remove undigested material which has acted as an irritant. When this object has been accomplished the discharges usually subside without much treatment. Far otherwise, however, is the case with those who have habitually and for long periods imposed, by their dietetic errors or excesses, an intolerable burden upon the glands of the intestinal mucous membrane. A chronic inflammation is established, the tendency of which is to proceed gradually from bad to worse. Digestion becomes more and more imperfect. Diarrhœa no longer possesses a conservative influence, but acts as a debilitating drain. Obviously, in such cases a judicious regulation of the diet is necessary. No final cure can be obtained while the original causes are still operative. This regulation, however, although a preliminary and basis of successful treatment, will not alone suffice in old cases. The inflammatory changes in the bowel persist. Time is required in order to restore the diseased parts to a healthy state. Well-chosen remedies will effectually assist a restricted regimen in restoring the integrity of the affected mucous membrane and its secreting glands.

The more nearly a system of medication approaches a direct, local action, the more effectual it is likely to prove. Consequently, a remedy which exerts such an influence upon the small intestine approximates the ideal and specific.

We have such an agent in tannigen. This preparation, an acetic ether of tannin, possesses the advantages without the defects of tannic acid. It is almost completely destitute of smell, insoluble in water and weak acids, but soluble in alkaline solutions. Tannigen passes through the stomach without change. It causes no disturbance of the appetite or gastric digestion, is antiseptic, astringent, and innocuous. It is usually efficient in doses of 5 to 10 grains repeated according to the exigencies of the case. Much larger doses, however, may be employed without producing any untoward results. It should not be administered in warm fluids.

Tannigen is of decided value in the management of cholera morbus, cholera infantum, and infantile diarrhœa. These affections—due to bacterial agency, depressed nervous tone, and the intense heat of summer, are dangerous and destructive—especially among those of tender years. They demand prompt and vigorous treatment. Tannigen disinfects the intestinal tract and arrests inflammatory congestion and morbid discharges.

As a rule, tannigen is more highly esteemed in chronic than in acute diarrhœa, but in the class of cases to which I have just referred time is an important element of the treatment. The onset has generally been so abrupt that offending material has been evacuated in the early discharges and the course of the disease cannot be too rapidly checked for the safety of the patient.

In diarrhœa due to tuberculous ulceration the prognosis can scarcely be encouraging, but the administration of tannigen at least reduces the number of passages and assists in preserving strength. The remedy likewise answers a good purpose in typhoid fever. Inasmuch as the diarrhœa of that

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disease removes the products of ulceration of the solitary and agminate glands, it is not judicious practice to attempt absolute suppression, which would only add to the already existing toxæmia, due to the presence and activity of the specific bacillus. Nevertheless, it is proper to restrain diarrhœa within bounds in order to prevent the debilitating effects of excessive discharges. The same statement may be made in regard to the diarrhœa occurring in rheumatic and gouty subjects. Within certain limits the evacuations are beneficial by the removal of morbific products. In such cases, without attempting to lock up the bowels, tannigen may be advantageously administered in doses and at times as may be required to check undue excess.

In the diseased conditions accompanied by frequent and copious alvine evacuations, to which reference has thus been briefly made, an increased and prolonged experience has but strengthened confidence in the efficacy of tannigen. In illustration of the subject a number of cases may be cited in which the use of the remedy was productive of the most desirable results.

Diarrhœa due to Nervous Disturbance.

It is well known that shock, fright, anxiety, and other emotional disturbances are capable of exciting the bowels to action. In some of these cases the unpleasant effect may not be merely transitory, but may persist so long that it calls for treatment as a prominent symptom. In this connection I may allude to two cases:—

Case I.—One was that of a woman, 28 years of age, who had been rendered very anxious by the severe illness of a sister who resided in a distant State. So great was her apprehension that it excited a violent attack of diarrhœa. The digestive functions had been but imperfectly performed prior to this attack, but the bowels had not been markedly affected. Now, however, the force of the blow fell chiefly upon the small intestine. The illness could not be ascribed to any imprudence in diet. For a week the stools had been frequent and copious and the drain had become exhausting. The appetite was feeble and the patient feared to eat because the ingestion of food seemed to aggravate her trouble. In this case tannigen was given with a very good result. It soon manifested a power to arrest the discharges, and was continued for three days in doses of 10 grains every second or third hour at first and less frequently as she began to improve until at length it could be entirely suspended. Undoubtedly, in such cases the best medicine would be good news, but as the physician cannot always supply cheerful information, he is obliged to do the best he can by the use of drugs in alleviating the physical conditions which have been disturbed by mental factors.

Case II.—A second case dependent upon similar causes was that of a man of 35 years, free from any organic disease, whose mind had for months been on a tense strain in regard to business matters. He had always been a hearty eater and had never been troubled by any dyspeptic difficulty. His appetite was still comparatively well preserved, and he was not in the habit of using alcoholic liquors. He was formerly a good sleeper, but now he had begun to sleep poorly and was afflicted with profuse diarrhœa every morning. This condition had been existent for about a month when he was placed upon tannigen. He was directed to take 10 grains after each stool. This dose was repeated once or twice each morning for a few days, when the discharges began to lessen. The quantity was then reduced to one daily dose, and at the end of a week he was so far improved that only an occasional dose was required to keep his bowels in order.

Cholera Morbus.

I have found tannigen of value in cholera morbus, sporadic cholera, or cholera nostras, as it is variously called. The excessive

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purging is controlled by full doses of this remedy. On account of the vomiting and pain opium in some form is generally associated with advantage. Reference may be made to two cases in illustration of the success of this plan of treatment.

CASE III.—A woman, 57 years of age, had been suffering for nine hours from profuse and liquid intestinal flux. Except that she had eaten rather a large piece of cake at dinner she was unaware of any cause for this sudden and severe attack. In every other respect her habits had been as usual. She had not been subjected to any emotional disturbance and had felt well until four hours after she had taken dinner. There had also been sickness of the stomach. She had vomited and retched. She had felt cold, but fever had not occurred. The patient had likewise experienced violent cramps in both legs. She was very much debilitated. Twenty grains of tannigen were given immediately, and, on account of the retching, $^1/_8$ grain of morphine sulphate was placed dry upon the tongue. Ten grains of tannigen were given hourly for two hours, after which 5 grains were administered every third hour. She gradually improved. The sickness of the stomach lessened, the evacuations diminished, and at the end of the sixth hour from the beginning of the treatment the prominent symptoms had disappeared. She was much enfeebled for thirty hours, after which she rapidly recovered her former strength.

CASE IV.—A man, 27 years of age, had felt as well as ever during the day, worked hard, went home tired and hungry, ate freely at supper, and in the evening took some fruit. In the middle of the night he awoke with intense abdominal pain, vomited, retched, and purged. He was exhausted, pale, and cold. A quarter of a grain of morphine sulphate was thrown under the skin and 10 grains of tannigen were administered by the mouth. The results were in close accordance with those in the preceding case. There was no need to repeat the opiate, the tannigen was repeated hourly for three hours, when the interval was lengthened to three hours, and the dose reduced to 5 grains. At the end of this period there was no occasion for further medication. The man remained in the house for two days, when he resumed his customary employment.

DIARRHŒA CAUSED BY FUNCTIONAL OR ORGANIC DISEASE OF THE BOWEL.

In the diarrhœa resulting from indiscretions of diet or due to organic alterations in the bowel tannigen is a remedy which deserves to be held in the highest esteem.

Such cases are so common, especially in summer, that the practitioner has abundant opportunity to test the value of this substance. It will, therefore, suffice to quote a few examples.

CASE V.—A woman, 26 years of age, was attacked in the evening with diarrhœa. During the night a dozen or more passages occurred. Frequent actions continued during the next day. There was not much pain, but the discharges caused the patient to feel very weak and faint. At this time she sought medical assistance, and was placed at once upon tannigen, two 10-grain doses being given at hourly intervals, the same amount then repeated after the lapse of two hours. After this had been taken a few doses of 5 grains each at intervals of three hours brought about a complete recovery.

CASE VI.—A sturdy working-man, aged 25 years, had had frequent and loose stools for three weeks. This continued drain had produced a notable diminution of vigor, although the man kept at his work. The age of the patient, the persistence of the diarrhœa and the reduction of strength suggested the idea of typhoid fever. There had, however, been no chills, fever, or nose-bleed; there were no rose-colored spots and but little abdominal pain. There was no tenderness or gurgling in the right iliac fossa. No sign pointed to the presence of appendicitis. In short, the case was simply one of protracted diarrhœa, as was demon-

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strated by his rapid improvement under the influence of tannigen. The man was restricted to a plain and simple diet. His ordinary fare was rather coarse and had, no doubt, been a factor in maintaining the intestinal disturbance. Tannigen was given to this man, at first in 10-grain doses every three hours. After a drachm had been taken the stools had diminished in number and fluidity. The quantity was then decreased to 5 grains, to be taken three or four times during the day, as might be required. This diminished quantity soon sufficed to complete the cure.

CASE VII.—A young woman, 20 years of age, had been troubled for a week with pain in the abdomen and diarrhœa. She had had fever and nausea, headache and backache. The stools had, in the beginning, contained an abundance of bilious matter. This characteristic had disappeared and the passages were those of a common diarrhœa. The evacuations had relieved the duodenal catarrh, and, with the exception of weakness, no constitutional symptoms remained. No reason existed for allowing the diarrhœa to continue unchecked. She was, accordingly, placed upon the use of tannigen, 5 grains being given every three hours until the frequency of the discharges began to diminish. The intervals were then lengthened. In the course of three or four days recovery was complete.

INFANTILE DIARRHŒA.

Tannigen is an effective remedy in the diarrhœa so common among infants and dependent upon improper food or summer heat. Its comparative tastelessness renders it more acceptable to babes than substances possessed of more astringency and bitterness.

CASE VIII.—One such case was that of a male child 18 months of age. This little patient had suffered from summer diarrhœa for four days before professional assistance was sought. The mother had at length become alarmed at the weak and listless state which the abundant stools had produced. Tannigen, in 2-grain doses, was ordered to be taken, at first after each stool, and after three doses had been administered in this way the same dose was repeated systematically every three hours. The evacuations soon lessened in frequency and amount. At the same time they improved in character. On the evening of the third day after this treatment had been instituted the motions had become normal.

CASE IX.—An infant of 7 weeks was attacked by summer diarrhœa and, by reason of its tender age, was speedily prostrated. A prompt recourse to tannigen in $^1/_4$-grain doses was successful in checking the discharges, after which the mother and child were sent out of town for recuperation.

CASE X.—A child, 2 years of age, had had diarrhœa for two weeks. There had been many movements each day and blood had appeared in the dejecta. The attack was ascribed to heat and injudicious feeding. There had been no decided febrile action. In this case tannigen was ordered in doses of 2 grains every third hour until the passages began to lessen, when it was postponed to the fourth hour. Subsequently the same amount was given three times a day for two days, when the patient was discharged.

DYSENTERY.

Though the chief effect of tannigen is exerted upon the small intestine, it is not without influence upon the large gut. In several cases of dysentery or dysenteric diarrhœa it was found successful in suppressing the discharges of blood and mucus.

CASE XI.—A woman, 52 years of age, had suffered for three days with the prominent symptoms of dysentery, and had failed rapidly in strength. The evacuations were frequent, contained blood and a large quantity of mucus. They were accompanied by tenesmus, and, indeed, this feature occurred in the absence of passages. Tannigen proved quite as beneficial in this case as in those of ordinary diarrhœa. It was at first given in 10-grain doses every two

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hours for twenty-four hours. The interval was then increased to the third hour for a day, by which time improvement was so manifest that the amount was reduced to 5 grains thrice daily, and at the end of a week of such treatment the morbid passages had ceased. Opium was occasionally used in this case on account of the tenesmus.

CASE XII.—A woman, 42 years of age, had been attacked one week previously by pain in the epigastric region and frequent passages from the bowels. The discharges, at first fæcal in character, were subsequently composed of mucus and blood. There was troublesome tenesmus. But little matter was passed at a time. There had been no chill. The treatment in this case was analogous to that described in connection with the immediately preceding case, and was attended by a like favorable result.

DIARRHŒA ACCOMPANYING OTHER DISEASES.

CASE XIII.—Diarrhœa in subacute articular rheumatism. A woman, 36 years of age, in very straightened circumstances, poorly nourished, the mother of a large family, and nursing a 10-month-old babe, after a day's work at the wash-tub was stricken with a chill, followed by fever, and pains in different joints. The knees and ankles became inflamed and swollen. There was no organic heart complication. The fever did not long continue, and the course of the affection was not prolonged, and, therefore, although there was decided swelling and pain, the case should, perhaps, be correctly classed as subacute. Upon the eighth day of her illness the patient was afflicted with a severe diarrhœa. For this manifestation tannigen was added to the general management of the case. Ten grains, repeated every third or fourth hour, soon arrested the movements.

CASE XIV. DIARRHŒA IN TYPHOID FEVER.—A child, 4 years of age, experienced a severe attack of typhoid fever. For a week she was listless and gradually failed. Decided meningeal symptoms then supervened, and for two days were prominent features. These manifestations then being relieved, the abdominal symptoms became conspicuous. There were pain in the right iliac fossa, meteorism, and profuse diarrhœa. The disease ran a prolonged and severe course. At its height blood and mucus were sometimes mixed with the discharges from the bowels. The case eventually terminated in recovery. It is cited in this connection to illustrate the value of tannigen in controlling the diarrhœa. This was so conspicuous a trouble that it was necessary to adopt measures which should check its violence. During ten days we were obliged to rely upon tannigen to restrain the discharges within moderate limits. The remedy was administered in doses of 4 grains every two or three hours when the passages had passed beyond four in the day. In this manner, sometimes giving and sometimes withholding the tannigen, we were able to prevent an excess of diarrhœa.

CASE XV.—A woman, aged 30 years, was attacked by typhoid fever, which began in the usual insidious manner with languor, malaise, slight chilly and febrile sensations, nose-bleed, and looseness of the bowels, until finally she was compelled to take to her bed from sheer exhaustion. Suffice it to say that she went through a typical course of the fever and recovered. The diarrhœa, though not as excessive as in the case of the child, was sufficiently abundant to require measures for its regulation. In this case also we had recourse to tannigen. When the number of passages exceeded four during the day a capsule containing 5 grains was given after each motion.

CASE XVI.—A man, aged 30 years, experienced an attack of typhoid fever, mild in most respects, but accompanied by a rather profuse diarrhœa. The fever was of moderate height, the nervous system was comparatively unaffected, and tannigen for the bowels was the principal medicine employed. Although seemingly so mild, how-

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ever, the consequences of the illness were more serious than in many much more severe cases. For seven weeks after recovery he was unable to resume his work. He was then again afflicted with chilly sensations, pain in the epigastrium and right iliac fossa, with diarrhœa. The last symptom was controlled by tannigen. This seizure was not a relapse of typhoid fever, but was due to the condition of the small intestine consecutive to the fever.

CASE XVII. ENTERITIS FOLLOWING TYPHOID FEVER.—This case is of interest in connection with that just quoted. The patient was a woman, 25 years of age, who had suffered from typhoid fever a few months previously and who was attacked by chilliness, abdominal pain, and diarrhœa. Fever and headache were also present. The attack was quite sharp, but was of temporary significance and was due to indiscretion in diet. Restriction to simple food, beginning with a rigid milk diet, and the administration of tannigen, conjoined occasionally with some opium, soon brought about perfect restoration.

As the object of this paper has been to testify to the virtues of tannigen in various forms of diarrhœa, I have not attempted to dwell upon the necessity of dietetic and general medicinal treatment. In the simpler varieties tannigen alone is sufficient; when much pain is present an opiate is profitably conjoined; in typhoid fever and other diseases various symptoms require their appropriate management. If diarrhœa has had an acute commencement the irritating material has usually been swept away before the physician's services are asked for, and in such contingency one need have no hesitation in making use of tannigen.

Dr. Lennox Browne.—Dr. Lennox Browne has resigned from the active staff of the Central London Throat and Ear Hospital, and has accepted a position on the consulting staff of that institution.

Abstracts.

Sclerous Syphilitic Glossitis in a Thirty-three-Year-Old Woman.

MM. Balzer, physician to the Hôpital Saint-Louis, and Gauchery, interne of the hospitals, report a case remarkable for its rarity among women. It was one of deep sclerous glossitis, a variety of tertiary syphilis altogether distinct from gummy glossitis. The patient had for two years presented relapsing evidences of the tertiary stage. There were tuberculo-ulcerous eruptions upon the skin, and sclerous lesions of the mucous membrane of the pharynx, lips, and especially the tongue. That upon the tongue had commenced insidiously and had been in existence for at least two years. It was the type of pure sclerous lesion without appreciable concomitant gumma, and was very rebellious to treatment. The preferable method would consist of injections of calomel, but the condition of the gums and teeth did not permit this procedure. The syphilides occurring in this woman had always been easily cured. The glossitis alone resisted treatment. The lesion was large and deeply furrowed. Prognosis is rather unpromising as regards lingual lesions. We must be satisfied if we can prevent further progress. —Revue Hebdomadaire de Laryngologie, etc.

Bucco-pharyngeal Enanthem in Primary Syphilis.

In his thesis upon the above subject Dr. Lestage draws the following conclusions:—

1. There quite often co-exists with the indurated chancre an eruption limited to the lower and anterior part of the veil of the palate, tonsils, and pharynx. The manifestation, which gives no trouble to the patient, is an erythema; the surface is smooth and of almost the same hue throughout. Its margins blend insensibly

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with the surrounding normal tissue. It is never accompanied by cervical adenitis.

2. Beginning with induration of the chancre, this enanthem is evanescent, and disappears in twelve days without leaving any trace, or persists in the form of a more or less active congestion.

3. The sign is not constant, but whenever it does occur it may be regarded as pathognomonic of syphilis.

4. The manifestation is only of interest from the diagnostic point of view.—Revue Hebdomadaire de Laryngologie, etc.

Functional Dysphonia in the Course of Syphilis.

Under the above title Dr. Chauveau writes, not of laryngeal paralyses of syphilitic origin studied by authors, but of certain functional disturbances, the relations of which with syphilis seem to have escaped observations. He reports the case of a singer who contracted syphilis and who was troubled by certain vocal disorders. There were no appreciable anatomical lesions in the pharynx or larynx, but the right vocal cord was sluggish. There seemed to be insufficient action of the thyro-arytenoid and the ary-arytenoid. Four injections, made with eight days' interval, produced a cure as far as the power and endurance of the organ were concerned.—Revue Hebdomadaire de Laryngologie, etc.

Condition of the Four Tonsils in the Secondary Stage of Syphilis.

In his thesis Dr. René Lamy deduces the following conclusions from a study of 15 cases:—

1. The tonsils are always more or less involved in the secondary stage.

2. The lesions usually encountered at this period are hypertrophy, erythema, erosions, diphtheroidal patches, ulcerations, and condylomata.

3. These lesions are identical in the lingual and pharyngeal with those which occur on the palatine tonsils.

4. Tonsillar hypertrophy is almost constant in the secondary stage of syphilis.

5. This hypertrophy may be simple or may be accompanied by specific angina or syphilides.

6. Erythema, ulcerations, and condylomata are comparatively rare upon the tonsils, while erosions and diphtheroidal patches are frequent lesions.

7. The prognosis of syphilides of the tonsil and of hypertrophy is, in general, favorable. It depends upon the form of the disease and the parts upon which it develops.

8. The treatment should be both general and local.—Revue Hebdomadaire de Laryngologie, etc.

Infectious Purpura in the Course of Ulcero-membranous Stomatitis.

Drs. Pagliano and François, of Marseilles, report the case of a young girl who, one month before the development of an extremely serious ulcerative stomatitis, had suffered from facial erysipelas. When she entered the hospital on account of the stomatitis she was in a very profound condition of infection, with generalized purpura, swelling of joints, and decidedly tumefied lips. The breath was excessively fœtid, and the masseters were contractured. Frequently renewed local applications and the administration of 15 grains of quinine daily caused amendment. The mouth was then half-open and exposed to view an ulcer affecting the whole of one side of the tongue. There was nothing on the inner surface of the cheeks or gums. On the seventh day the fever returned and death followed in twenty-four hours. As a result of an autopsy death was attributed to hepatization of the base of one lung and acute myocarditis. Cultures of the blood taken aseptically from the petechiæ developed small diplococci. Growths from the bucco-pharyngeal membrane showed short bacilli. Unfortunately there was no direct examination of the buccal exudate.—Revue Hebdomadaire de Laryngologie, etc.

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Bilateral Syphilitic Inflammation of the Labyrinth.

Dr. Rosati records the case of a young man who had contracted syphilis in November, 1896. Some time afterward he began to suffer from vertigo, disorder of equilibrium, and a tendency to fall to the right, together with pronounced gastric trouble. All these disturbances disappeared under the influence of appropriate treatment. On the 8th of January, 1898, he became entirely deaf. There was no objective sign upon examination of the ears. There was K plus on both the left and right sides and lateralized W upon the left. The watch was heard on contact with the left side. There was no disease of the nose or throat. The diagnosis of double syphilitic inflammation of the labyrinth was made and specific treatment was resumed, consisting of injections of thymo-acetate of mercury, and large doses of potassium iodide. At the time of the report considerable amelioration had been produced.—Revue Hebdomadaire de Laryngologie, étc.

Ulceration of the Pillars of the Fauces in Typhoid Fever.

Dr. André Schaefer says that in some patients suffering from typhoid fever there occurs, not long after the beginning of the disease, a superficial ulcer localized particularly upon the anterior pillars of the fauces. This lesion, often bilateral and symmetrical, seems to have escaped notice by the older clinicians, but was clearly recognized by Bouveret in 1876 and Duguet in 1883. Since those years several authors have cited new cases. Dr. Schaefer has had the opportunity of studying a certain number of cases, and has compared them with those previously reported.

After an historical review as complete as possible the author studies this ulceration as regards the date of its appearance, its situation, symptoms, and the different aspects under which it may present itself, its march, duration, and termination.

Concerning diagnosis he believes that the lesion in some cases permits us to affirm the existence of typhoid fever. The bacteriological examinations which he made enabled him to elucidate the heretofore unsettled question relative to the presence or absence of the bacillus of Eberth in these ulcers.

In conclusion, basing his opinions upon the clinical manifestations and studies in the laboratory, he endeavors to establish the pathogenesis of these ulcers, and to determine the position which they occupy among the many manifestations which typhoid fever may produce in the throat.

Dr. Schaefer closes his work with the following conclusions:—

1. Ulceration of the pillars of the fauces, described by Bouveret and Duguet, is more frequent than the treatises on internal pathology would lead us to suppose.

2. Occurring generally at an early period of the disease, it may assist in the diagnosis.

3. The bacillus of Eberth is not found in the lesion.

4. Cultures from the slight exudate covering the ulcers always reveal the presence of several varieties of microbes, the ordinary parasites of the mouth. The staphylococcus aureus or albus was demonstrated five times in five cases.

5. The *Saccharomyces oblicans* may be present without giving rise to clinical muguet.

6. The pathogenesis may be explained as follows: The anterior pillars, like every part of the digestive tract and especially its lymphoid tissue, are particularly exposed to the action of the typhoid bacillus, or, rather, its toxins, which are certainly necrosing. These diminish the vitality of the epithelium and, aided by other influences, such as the compression, dryness, and comparative immobility of the pillars, at last produce exulceration, to the progress of which the ordinary microbes of the mouth contribute.—Revue Hebdomadaire de Laryngologie, etc.

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Gonorrhœal Stomatitis.

Dr. G. Petit writes that Horand reported the first case of gonorrhœal stomatitis communicated by *coitus ab ore*; Souplet, Cuttler, Rosinski, Leyden, and Jesionek have described other cases. Petit relates a case of this form of stomatitis, the etiological diagnosis of which was rather difficult to determine.

The patient was a man of 30 years who presented, when first seen, a very marked glossitis with thickened epithelium, which, when scraped off, exposed to view a series of superficial ulcers. This condition involved the entire mucous membrane of the mouth. On the next day the symptoms were worse. Mastication was impossible. The fœtor was repulsive. The submaxillary ganglia were swollen and painful. The patient being in the habit of buccal coitus, the woman by whom he might have been contaminated was examined. Nothing was found upon the genitalia of the latter except a slight uterine discharge. The gonococcus could not be detected by bacteriological examination. Neither was that organism discovered in the mouth of the man having stomatitis. On the other hand, the suspected woman had had gonorrhœa six years previously, and the man ten years previously. Under these circumstances the present outbreak could be explained only by two assumptions: either the gonorrhœal stomatitis was a residuum of a generalized gonococcic infection or the woman's clap had developed in her a condition of latent microbism capable of exciting an acute attack under the influence of an irritation, by favor of a gate of entrance or a predisposed soil.—Revue Hebdomadaire de Laryngologie, etc.

Acute Idiopathic Perichondritis of the Nasal Septum.

Dr. Zumbroich describes the case of a young bricklayer in whom the formation of an abscess was accompanied by violent chills and atrocious pain. The nose was obstructed. It was swollen and red on the exterior. The writer first saw the patient twenty days after the commencement of the disease. The back of the nose was at that time slightly sunken, and on both sides of the septum the swelling of the mucous membrane completely obstructed the nares. Fluctuation was readily discovered, and an incision was immediately made, allowing the escape of a large quantity of thick pus. The after-treatment consisted in tamponing with iodoform gauze. The abscesses gradually diminished. There was no perforation of the septum. Notwithstanding the most minute interrogatories, it was impossible to discover the cause of the suppuration. No evidence of syphilis, injury, or ulceration of the mucous membrane, the most frequent causes of abscess, could be found, and for this reason the author reported the case as idiopathic.—Revue Hebdomadaire de Laryngologie, etc.

Diabetic Pharyngitis.

Dr. Pedro Verdos writes that manifestations of saccharine diabetes rarely occur in the naso-pharynx. The author had had occasion to observe two patients attacked by diabetic pharyngitis. The only symptoms presented by either were dryness of the throat and difficulty in swallowing and expelling the thick mucus which collected on wall of the pharynx. Analysis showed that the urine of one contained 50 grammes (1 1/2 ounces) of sugar per litre (1 3/4 pints) and of the other patient 30 grammes (about an ounce) per litre.

Diabetic pharyngitis bears a strong resemblance to erysipelas of the pharynx, but without tumefaction and fever. The dry mucous membrane is sometimes covered with white, frothy saliva. This is due to the impermeability of the affected mucous membrane, which prevents it from being lubricated by the saliva. The secretory function of the muciparous glands appears to be completely annihilated in diabetic pharyngitis.

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Diabetic pharyngitis might be confounded with chronic naso-pharyngeal catarrh and especially dry pharyngitis. In the former disease confusion may be avoided by the fact that naso-pharyngeal catarrh is always accompanied by a more or less abundant secretion. In dry pharyngitis and ozæna the presence of thick secretion, firmly adherent to the mucous membrane and of disseminated crusts should prevent a mistake in diagnosis.

As regards the local condition, the prognosis of diabetic pharyngitis is comparatively favorable. In addition to the general treatment of diabetes local means may be employed, consisting of antiseptics, astringents, and sedatives. A mentholized spray, alone or in association with an astringent powder, such as borax, have given the best results to the author. In rebellious cases he made use of iodized embrocations upon the entire extent of diseased mucous membrane.—Revue Hebdomadaire de Laryngologie, etc.

Metastases of Cancer from a Latent Primary Focus.

At a meeting of the Biological Society of Hamburg Dr. Sick spoke of the case of a man, 50 years of age, who, after an attack of influenza, was seized by pain in the right knee with loss of power in the limb. The pain was considered as of rheumatic nature or of nervous origin. When subsequently the patient entered the hospital, the external condyle of the femur was found to be thickened and excessively painful. Radioscopy affording no exact information, the disease of the osseous tissue was uncertain, and all the more so because examination of the abdominal and thoracic organs was negative. An operation performed some days later showed that both condyles were the seat of a tumor which, after resection of the joint, was shown to be an alveolar carcinoma. Further examination of the patient as regards the seat of the tumor gave negative results, and it was only at the autopsy, several months later, that a cancerous growth, as large as a fist, was discovered at the base of the right lung. During life this mass had given rise to no symptoms. Notwithstanding minute examination of all other organs and of the skeleton, only one metastasis, the size of a lentil, was detected in the right kidney. The reproduction in the condyles of the femur alone produced clinical manifestations.

Two analogous cases had been observed by Dr. Simmonds. One was an adenocarcinoma of the tibia which, in the absence of symptoms pointing to other parts, had been considered as primary. After a certain time death occurred, and there was found a cancer of the stomach which had not caused the slightest symptom during life. The second case was that of a woman in whom laminectomy had been performed on account of symptoms pointing to compression of the spinal cord. Examination of the resected parts demonstrated that the disease was adenocarcinoma. The patient was still living and free from symptoms indicating disease of other organs, although some facts seemed to point to the presence of latent cancer of the stomach.

Dr. Krause likewise mentioned an example of the early development of metastases. The patient was a woman who had a small carcinoma of the kidney. The entire gland was removed and also the axillary glands. Nevertheless, two months later the woman presented signs of involvement of the vertebral column.—La Tribune Médicale.

Pigmentation in a Case of Morphinomania.

M. Thibierge exhibited a patient who had suffered from syphilis and who had upon the upper portions of the thighs symmetrical pigmented patches similar to those produced by tattooing. M. Thibierge was convinced that these patches were caused by particles of dust introduced into the skin by the woman when she gave herself

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hypodermic injections of morphine. The speaker was led to this belief by microscopical examination and the use of reagents.—Le Progrès Médical.

Therapeutic Notes.

Chronic Tuberculosis.

The appended formula is taken from Le Progrès Médical:—

℞ Glycerophosphate of sodium, ʒij.
Crystallized guaiacol, 3iiss.
Glycerin, ʒiiss.
Syrup of Tolu, ʒvj.
Arrac, ʒj.
Malaga wine, ʒxix.—M.

The Hæmostatic Effects of a Condition of Nausea.

At one of the meetings of the Society of Biology Dr. Onimus gave an interesting account of some very original observations which he had recently made. A patient of his, a young man suffering from phthisis, had told him that he had found that the only way to stop himself from spitting blood was to go out on the sea when it was rough, and that the seasickness thus produced always stopped his hæmorrhage. Dr. Onimus compared this experience with the well-known effect of ipecacuanha, except, of course, in cases where the hæmorrhage comes from a large vessel at the bottom of a deep cavity. He then determined to apply the treatment in cases of hæmorrhage due to another cause. In the case of certain women who had no obvious organic lesion, but who had suffered from profuse menorrhagia he prescribed that they should take every two hours, until they began to feel sick, a cachet containing 10 centigrammes (1 1/2 grains) of Dover's powder with the addition of 1 centigramme (from 1/6 to 1/8 grain) of ipecacuanha. During the interval between the periods the patients took every evening at bed-time a similar cachet. The results surpassed his expectations, for the periods became quite normal: a condition the patients had not experienced for years.—Paris Correspondent of the Lancet.

Vomiting of Pregnancy.

Dr. W. R. D. Blackwood, in the Medical Summary, speaks favorably of:—

℞ Pulv. acetanilid, gr. xxxvj.
Soda bicarb., gr. lx.
Caffeine (alkaloid), gr. xij.

M. et ft. in chart. No. xij.
Sig.: One before rising in the morning and then as required.

Huchard's Pills for Jaundice.

The Riforma Medica gives the formula as follows:—

℞ Resin of podophyllum,
Extract of hyoscyamus,
Medicinal soap, of each, 4 1/2 grains.
Extract of rhubarb, 15 grains.

M. Ft. massa in pil. No. x div.
Sig.: One or two daily.—New York Medical Journal.

Arthritis.

℞ Ext. hyoscyami, gr. xv.
Iodoform, gr. xxx.
Sodii salicylat., 3iss.
Petrolat., ad 3v.

M. Sig.: Apply externally.—Therapist.

Antitussin in Whooping-cough.

Max Heim, of Düsseldorf, reports most favorably of this preparation, an ointment containing 5 parts of difluordiphenyl to 10 of vaselin and 85 of lanolin. The neck, breast, and back between the shoulders having been washed with warm soap-suds and dried with a rough towel, this ointment to the size of a walnut is well rubbed into them. Heim quotes Fischer and Beddies as having proved by laryngoscopical examination in men, and also by experiments on animals, that in other affections of the

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throat and pharynx it diminishes the provocation to cough and regulates the secretion, probably by acting after its absorption into the circulation, or the central or peripheral nerves connected with respiration.—British Medical Journal.

A Prescription for Gravel.

℞ Bicarbonate of sodium, 1 ½ drachms.
Benzoic acid, 30 grains.
Phosphate of sodium, 2 drachms.
Boiling water, 4 ounces.

Dissolve, filter, and add

Cinnamon-water, 6 ounces.

Two tablespoons of this mixture may be given three times a day in cases of uric-acid gravel.—Therapeutic Gazette.

Cough of Phthisis.

Dr. Murrell recommends the following prescription for the hacking, irritable cough of phthisis:—

℞ Codeine, gr. iv.
Dilute hydrochloric acid, ℥ss.
Spirit of chloroform, ℥iss.
Syrup of lemon, ℥j.
Water, ad ℥iv.

Make an emulsion. A teaspoonful frequently when cough is troublesome.—Therapist.

Multiple Neuritis.

In the course of a clinical lecture reported in the New Orleans Medical and Surgical Journal, Dr. Charles K. Mills prescribed as follows for a woman:—

℞ Salicylate of sodium, gr. x.
Bromide of sodium, gr. x.
Iodide of sodium, gr. xv.

Give this largely diluted.

An Ointment for Trachoma.

Bloebaum reports having observed decided benefit from the use of the following ointment in all stages of the disease:—

℞ Copper sulphate,
Salicylic acid,
Cocaine, of each, 1 part.
Vaselin, 100 parts.

—Medical Review of Reviews.

The Treatment of Furuncles.

M. de Crésantignes attributes to self-intoxication the leading part in the long duration of neglected or badly-treated furuncles. He records the good results obtained by him for many years by varnishing the sound skin around the furuncle to a sufficient extent, thus preserving it from contact with the staphylococci. The varnishing may be done with flexile collodion, steresol, or traumaticin.—New York Medical Journal.

Chronic Constipation.

Dr. Bedford Fenwick, of London, in a clinical lecture reported in the Medical Times and Hospital Gazette, says:—

"But it is, I think, not too much to say that the sulphate of soda is our sheet-anchor in the treatment of the ordinary complaints to which women are liable. Well, then, in this case you see that the treatment which I prescribed consisted of:

"℞ Ferri sulph., gr. ij.
Sodæ sulph., ℥ss.
Tinct. belladonnæ, *mx*.
Aq. camph., ℥ss.

"Pro dosis j ter die ex aq. ℥ij, post cib. sumend."

Dysmenorrhœa.

℞ Alcoholic ext. of conium, 15 grains.
Alcoholic ext. of scammony,
Ext. of opium, of each, 5 grains.

Make into ten pills and give one three times a day.—Merck's Archives.

Antidote to Snake-poison.

Selaginella apus, popularly known as snake-moss, is declared by Dr. Kent to be a perfect antidote for the poison of snakes

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and spiders. With $^1/_2$ drachm of the moss is macerated thoroughly 1 fluidounce of sweet milk. The moss is then taken out of the milk and bound on the wound, while the milk itself, containing small fragments of the moss, is swallowed by the patient. A number of cases have been successfully treated in this way by the author.—Merck's Archives.

Suprarenal Capsule in Hay Fever.

The Medical Review says that "an admirable remedy is now found in an aqueous solution of suprarenal capsule, which causes a contraction of the blood-vessels and a reduction in the swelling of the mucous membrane of the nose, persisting for hours after a single application. The extract is devoid of toxic properties, and, so far as known, has no deleterious effects. There is certainly no danger of forming a habit. Possibly we may have in this substance a remedy for hay fever superior to any that has yet been devised."

Tonsillitis.

Dr. Mayer believes that follicular tonsillitis and peritonsillitis can be aborted by the use of the following:—

℞ Morph. sulph., 0.06.
Tr. veratr. virid., 4.0.
Aquæ, 126.0.

M. Sig.: Teaspoonful every hour for three hours; then once in three hours.—Medical Review of Reviews.

Aspirin.

Aspirin is a near relative of salicylic acid, and occurs in white crystalline needles, soluble in water in the proportion of 1 per cent. It is very soluble in ether and easily decomposed.

It is claimed to have an advantage over salicylic acid in that it does not irritate the stomach, that it is speedily absorbed and speedily eliminated, and therefore rarely causes the secondary symptoms produced by large doses of salicylic acid. It does not destroy the appetite. The daily dose is 45 grains, to be administered with some syrup such as sugar and water.—Therapeutic Gazette.

Endometritis.

The following are given in the eleventh edition of Bocquillon-Limousin's formulary:—

℞ Euphorin, 3i$^1/_4$.
Traumaticin, 3v.—M.

Or

℞ Euphorin, 3$^1/_4$.
Oil of sweet almonds, ℥iij.—M.

Or

℞ Euphorin, 3i$^1/_4$.
Alcohol, ℥iss.—M.

For local use.—Le Progrès Médical.

For Colic in Infants.

In those disturbing cases where the baby's colic will not depart, try:—

℞ Camphor monobrom., gr. i-ij.
Fld. ext. hyoscyam., *m*v-viij.
Syr. lactucarii, ℥ij.

M. Teaspoonful p. r. n.—GEORGE H. CANDLER, M.D., of New York City, in the Medical Summary.

Arsenauro in Diabetes Mellitus.

From a paper entitled "Four Cases of Diabetes Mellitus of Apparent Bacterial Origin," by Dr. J. P. Sheridan, published in the New York Medical Journal for February 16, 1900, we extract the following passages: "After a year's trial of germicidal remedies in diabetes, I have become a firm believer in the bacterial origin of diabetes. . . . The irritation of the vasomotor centres, to which may be attributed all the symptoms of diabetes, seems to be caused by this toxin. . . . The ideal antidiabetic drug should not only exert distinct germicidal and antiseptic powers, but should be a powerful alterative. . . . It

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should possess great tonic properties. The remedy answering all the demands for an ideal antidiabetic I find in a combination of bromide of gold with bromide of arsenic, called 'arsenauro.'"

The histories of four cases in which this preparation was employed are then given. The medicine was given in doses of 8 drops at first, increasing until the limit of toleration was reached. In all the cases arsenauro caused a diminution of the quantity of urine excreted and of its specific gravity and proportion of sugar. The sugar finally altogether disappeared.

The Therapeutic Use of the Colloidal Metals.

Dr. Arthur Schlossmann writes, in the Therapeutische Monatshefte, that for more than a year he has conducted a series of physiological and bacteriological experiments with colloidal silver, and finds that in therapeutic doses it is positively non-poisonous. Mixed with milk containing a little sugar the 1-per-cent. solution of the drug is readily taken by children. For therapeutic purposes the author employed the colloidal silver as a salve in the form of the unguentum Credé and in 1-per-cent. albumin solution externally, internally, and subcutaneously. With the unguentum Credé he treated phlegmons, pemphigus neonatorum, post-vaccinial glandular swellings, scarlatina, and diphtheria. In acute conjunctivitis and gonorrhœal ophthalmia he applied with good results a 1- to 5-per-cent. albuminous solution of colloidal silver. In cystitis the injection of 3 ½ ounces of a 1-per-cent. albuminous solution had an excellent effect. He employed it internally in acute intestinal catarrhs of infectious origin, giving to children a teaspoonful of the 1-per-cent. albuminous solution in milk or syrup every hour or two.

With colloidal mercury (hyrgolum) the author treated seven cases of infantile syphilis, six being congenital and one acquired at the age of a year and a quarter. He used inunctions of a 10-per-cent. ointment made with cold cream. In all cases the effects were speedily satisfactory. He considers that colloidal mercury—on account of its minimum toxicity, ready absorbability, and prompt action—is deserving of general attention.

Treatment of Diphtheria with Oil of Turpentine.

Dr. Wilbur C. Wright, of Unionville, Mich., contributes a note to the Post-graduate in which he says that he had treated 37 cases of diphtheria without a death or any alarming symptoms. "To a child from ten to sixteen years old I have given teaspoonful doses of undiluted turpentine every two hours until from four to six doses have been administered, and then wait about forty-eight hours before repeating the dosage. In only 5 cases out of the 37 have I had to repeat the medication. In nearly every case the temperature returned to normal inside of twelve hours, and remained so. In 2 cases the temperature went up a second time, but returned to normal when the turpentine was again given. The only reason I can suggest in explanation of the absence of any manifestation of urinary disorder following the administration of such large and frequently-repeated doses of turpentine is that in diphtheria turpentine is an antidote to the toxins as well as an antiseptic."

Cough-mixture.

Dr. Edward C. Rothrock, of Tennessee Colony, Texas, says in the Wisconsin Medical Recorder: "A very good cough-balsam that we have frequently used for years is:—

"℞ Fluid extract of collinsonia,
Fluid extract of asclepias tuberosa,
of each, ʒiij.
Glycerin,
Syrup of Tolu, of each, ʒvj.

"M. Sig.: Twenty to 25 drops every two or three hours, to be swallowed slowly in affections of the throat."

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
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COMPLICATED GONORRHŒA.

THE youthful profligate, in his inexperience, may affect to be amused at flippant jests concerning gonorrhœa, but many a one, from bitter knowledge, learns to shudder at the thought of the possible complication and sequels of the disease. Epididymitis is a painful affection. Stricture is a distressing malady. There are, however, many results of the infection, less common of occurrence and less generally recognized, which are the source of much suffering or even peril to life. Instances of the kind have been reported rather frequently of late years. The rare combination of rheumatism, nervous disorders, and iridocyclitis has been observed by Dr. Henri Kucharzewski, of Warsaw, and is published in the pages of our esteemed contemporary, Le Progrès Médical.[1]

The patient was a butcher, 22 years of age, who, on May 4, 1894, entered the hospital complaining of pain in the joints. According to his account, he belonged to a healthy family and had himself always enjoyed good health. He had never had syphilis, rheumatism, or disease of the nervous system or eyes. He had had, however, two years previously, an attack of nephritis. He had had gonorrhœa for three weeks, but the discharge had yielded a few days previously to injections employed. For several days there had been violent pain in the knees and wrists. Fever was likewise present. The pulse was 100. Both wrists and both knees were swollen and painful upon pressure. Movements were difficult. Fluctuation was absent. There was no disease of the internal organs. Expression caused a drop of pus to issue from the meatus. The posterior urethra was intact. Numerous micro-organisms were found in the pus. They were regarded as gonococci. It would be difficult to assert positively that the rheumatism depended upon the gonorrhœa without examination bacteriologically of the articular fluid, but in this case there was no effusion. Decision was, therefore, reserved at the time, but the progress of events demonstrated the gonorrhœal nature of the arthritis. Moreover, sodium salicylate was without efficacy. By the 11th of May the joints were better, but the left eye had begun to weep and there was hyperæmia of the left conjunctiva. On the 14th, however, the condition of the joints was worse. They were extremely sensitive to pressure, although fluctuation was not present. The urethral discharge had become more abundant, and gonococci were undoubtedly present. Both conjunctivæ were swollen, especially around the cornea. There was decided lacrymation with photophobia. On the 17th the case was seen in consultation by Dr. Sigism Holi, an oculist, who found the palpebral conjunctivæ of both eyes moderately hyperæmic, that of the bulb actively congested, with injection of the subconjunctival vessels and those surrounding the cornea. The cornea was not affected; the pupils were but slightly dilated, although atropine had been used. The irides were still unclouded. There was a slight mucous secretion from the conjunctiva. The case was one of iritis from the beginning, probably of gonorrhœal origin. Syphilis and tuberculosis could be excluded. By the 19th of the month the inflammation of the joints had declined, but the condition of the right eye was worse. The iris was somewhat clouded, the pupil was undilatable, and the

[1] "Un Cas de Blennorrhagie compliquee de rhumatisme, de troubles nerveux, et d'iridocyclite." Par le Dr. Henri Kucharzewski, a Varsovie. Le Progrès Médical, 27 Janvier, 1900.

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ball was very sensitive to pressure. There was spontaneous pain sufficient to rob the patient of sleep. A few days later the man complained of dimness of vision. On the 26th of May the pain in the joints returned without swelling or fluctuation. There was a slight urethral discharge. The right pupil was extremely dilated, there were no synechiæ, and the iris was normal. The vitreous body was somewhat opaque. In the left eye there was a small posterior synechia, but otherwise the iris was normal.

On the 29th of May there was less pain in the knee, but the patient suffered from pain in the lumbar region and behind the sternum. He had also for several days experienced prickling sensations and vague distress in the lower limbs. There was decided exaggeration of the patellar and plantar reflexes. There was no trouble of the bladder or rectum. The temperature was normal. A week later girdle pains developed. After several fluctuations in the condition of the eyes, gradual improvement as regards the nervous system, and cessation of the urethral discharge, the patient left the hospital in a satisfactory state on the 26th of June. The details of the progress and relapses of the ocular disease need not be repeated in this connection.

The complexus of the nervous symptoms in this case led the author to believe in the presence of a slight, or even abortive, polyneuritis. The case thus sketched is notable for the occurrence of so many complications in the same patient, as well as for the comparatively benign progress.

PATHOGENESIS OF THE CONSTITUTIONAL COMPLICATIONS OF GONORRHŒA.

THIS subject is of so much interest and importance that we gladly notice an elaborate paper lately published in a leading Italian journal by Dr. Nicola Sorrentino, of Naples.[1]

The communication is founded upon a series of experimental studies carried on in the laboratories of the University of Naples. The author begins by acknowledging the pathological significance of the gonococcus discovered by Neisser, in 1879, and cites observations recorded since that date by numerous authorities concerning the presence of that organism in many diverse lesions occurring during the progress of gonorrhœa. It has been found in the exudations of arthritis and pleurisy, in the vegetations of endocarditis, and by Petrone in the blood of patients suffering from gonorrhœal rheumatism. Cases have likewise been reported illustrating the influence of the disease upon the nervous system. Dufour witnessed a case, terminating fatally, in which the autopsy revealed softening and œdema of the spinal arachnoid. Tambourer observed a patient who, in consequence of gonorrhœal rheumatism, developed phlebitis of the femoral vein, cerebral embolism, convulsions, paralysis, and death, preceded by three days of unconsciousness. Cases of peripheral neuritis, neuralgia, and muscular atrophy due to gonorrhœa have been reported by different writers. Venturini drew the attention of alienists to the importance of gonorrhœa in the production of juvenile insanity. Panas witnessed a case of double neuroretinitis due to gonorrhœa. Cutaneous rashes, probably of angioneurotic nature, have been produced by the same infection. In some instances a generalized eruption has been accompanied by loss of the nails. It would seem, therefore, that gonorrhœa is frequently, if not always, a constitutional disease.

Different theories have been advanced in order to explain the mode of production of these various complications. It was in the endeavor to establish a scientific foundation for the solution of this problem that

[1] "Sulla Patogenesi delle Complicanze Generali della Blenorragia." Richerche Clinico-Sperimentali per il Dott. Nicola Sorrentino, Chirurgo dell' Ospedale della Pace. Lavoro eseguito per la parte estologica nell' Instituto Anatomico dell' Università di Napoli, . . . e per la parte batteriologica nell' Instituto d' Igiene Sperimentale dell' istessa Università, etc. Giornale Internazionale delle Scienze Mediche, 15 Ottobre, 1899.

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Dr. Sorrentino undertook the series of researches which he describes in his paper. He observes, in the first place, that the pus of gonorrhœa is far from containing the diplococcus of Neisser alone, but numerous other bacteria are found in the same fluid. This fact led the author to study the influence of this association of micro-organisms upon the course of gonorrhœa and the origin of its complications, as well as to seek to establish experimentally the pathological action of the gonococcus. His investigations were prosecuted by means of forty patients afflicted with gonorrhœa, most of whom were in the beginning stage of the affection and had not yet been placed upon treatment. In addition to the gonococcus, the author isolated and studied the action of five other varieties of micrococci and a species of bacillus, all of which were obtained from the urethral pus of the patients under observation.

The forty clinical cases were divided into seven different groups, according to their intensity and duration. The complications noted were epididymitis, inguinal adenitis, cystitis, periurethral abscess, and sciatica.

All the micro-organisms except the gonococcus proved harmless when injected into the vein or peritoneal cavity and inoculated upon the conjunctiva of rabbits. The same varieties were non-pathogenic to the human urethra.

Dr. Sorrentino's second series of investigations related to the pathogenic power of the gonococcus. Wertheim had excited peritonitis by a culture of the gonococcus introduced into the abdomen of mice. Finger and others had produced synovitis by the intra-articular inoculation of the same culture. Nicolaysen obtained purulent synovitis in this manner. On the contrary, writers have not always been in accord as regards this experience. Cantani arrived at the conclusion that the gonococcus possesses a pathogenic influence upon animals in proportion to the quantity inoculated and under special circumstances, and that this comparative power is due to a poison contained in the body of the bacteria.

The experiments of Dr. Sorrentino, described in his paper, were thirty-one in number and were performed upon rabbits. The culture-fluid of the gonococcus was inoculated upon the conjunctiva, in the anterior chamber of the eye, on the scrotum, into articulations, in the pleural cavity, in the peritoneum, and injected into veins. We will not follow our author into the details of his experiments. These can be consulted in the original text by those specially concerned. The conclusions deduced by Dr. Sorrentino, however, are of general interest. They are as follow: In order to be effective in rabbits large doses must be inoculated. The gonococcus produces locally an intense irritant action. Large amounts injected cause marasmus. Genuine localizations may occur,—as, *e.g.*, synovitis. The localization is of traumatic origin and due to the production of a *locus minoris resistentiæ*. Endomyocarditis and serious alterations of the spinal cord may be excited. The other microbes contained in the mucopus of gonorrhœa are not pathogenic for animals and exert no action upon the human urethra. The gonococcus is endowed with a genuine pathogenic action, which may be localized at a distance from the point of injection.

Medical News and Miscellany.

The Magazines for March. — *American Monthly Review of Reviews.*—This journal is highly esteemed on account of its critical review of the events of each month. The chief occurrences of the time are recorded with accuracy, while their bearings upon the general condition of affairs is impartially considered from every point of view. For instance, in the March issue the important topics which come up for discussion are the war in South Africa, the Hay-Pauncefote treaty, the Porto Rican tariff,

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our situation in the Philippines, the steamship-subsidy bill, etc. Articles which will attract wide attention in this number are upon John Ruskin, the mountain whites of the South, the Craig colony for epileptics, and the balance-sheet of a small Maryland peach-farm. The epitome of the best periodical literature of the world is a feature which is particularly appreciated by many readers. The paper on the Craig colony will be of special interest to physicians.

The "New Lippincott." — The complete novel published each month is a distinctive feature of this magazine, and appeals strongly to that large class of readers who dislike to wait a week or a month, as the case may be, for the next installment of an interesting story. The novel of this number is called "The Shadow of a Man," by E. W. Hornung. It is a lively story of life in the Australian bush. Other stories in this number are by Maarten Maartens, Mrs. J. K. Hudson, and Jessie Van Zile Belden. Mrs. Hudson's narrative relates to Mormon life. Other articles of interest in the March Lippincott are those upon Westminster Abbey, George Washington, the Great Salt Lake, etc.

Ladies' Home-Journal. — Each issue of this journal contains a large amount of reading matter, and, although much of it is particularly interesting to the ladies, yet there is a great deal which the men also can read with pleasure. For instance, "The Anecdotal Side of Mr. Beecher" is a contribution which can be appreciated by all. Unpublished anecdotes of the great preacher are rare. "Where the Founder of the Kindergarten was Born" is an article which will deservedly be an attraction to those who study primary education. "The Theatre and its People" is a series which pleases playgoers. "The Country-store as a Social Centre" is a good paper.

Scribner's.—The principal articles in the March edition of this magazine are those by Theodore Roosevelt, on "Oliver Cromwell," and by H. G. Whigham, on the fighting with Methuen's division. The latter events have already passed into history, but the reader can obtain from this paper information and understanding of the movements which could not be gained from the accounts published in the daily papers at the time. This article is embellished by pictures taken from photographs made by the writer on the field. In his life of Cromwell, the author describes the Battle of Preston, and draws an interesting comparison between the conditions prevailing at the end of the English Civil War and at the end of our own Civil War. An article on "New York at Night," by James B. Carrington, shows what can be done by the camera in reproducing night-scenes in a great city. "Landscape Architecture as a Fine Art," by George F. Pentecost, Jr., is well worth perusal. Mrs. Edith Wharton contributes a short novel called "The Touchstone." Some short stories, poems, and a naval sketch complete the paper.

McClure's.—"The Life of the Master" deals in this number with the calling of the disciples and the beginning of the ministry. This article is beautifully illustrated. Mr. Walter Wellman gives the conclusions from his own experience regarding the only feasible way of reaching the North Pole. This number contains another prison story and a humorous Irish story by Shaw F. Bullock. Cy. Warman relates the story of his journey over the new railroad into the Klondike. There is also an interesting account of Edmond Rostand, the author of "Cyrano de Bergerac."

The Bookman.—In the March issue of this journal the feature which will chiefly attract the attention of physicians, chemists, pharmacists, and other disciples of the natural sciences will doubtless be the new story by John Uri Lloyd. This begins in the March issue. It is entitled "Stringtown on the Pike." The opening chapters are well written and of decided interest. Stringtown is a small place in Kentucky on the old highroad. We are introduced to an odd

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boy who is looked upon almost as a dunce in most school subjects, but who possesses a strong bent toward the study of chemistry. Some of the strange adventures of this boy are recounted, and we are told incidentally that the boy became a professor of chemistry, but that his devotion to his favorite pursuit was attended by certain misfortunes. Those who begin the perusal of this story will doubtless wish to continue it to the end.

This issue contains many other articles of interest. There is a synopsis of the drama and literature of the month, and papers describing the work of Thackeray at the beginning of his career and some of his opinions regarding this country. The departments of "Chronicle" and "Comment" and "The Bookman's Letter-box" will also appeal to many readers.

State Hospital for Injured Persons.—This institution, located in the anthracite-coal regions of Pennsylvania at Ashland, held graduating exercises of its Training-school for Nurses on the evening of March 19th. The ceremonies which should launch a class of young ladies upon their life's work were well attended and much enjoyed by all present. The hospital is doing a noble work and will be efficiently aided in its value to the community by the classes of trained nurses which it educates.

Obituary.—*Prof. Ludwig Meyer.*—Professor Meyer, of Goettingen, was recently called away from the scene of his earthly labors. Professor Meyer was distinguished in the field of mental medicine, and early adopted the principles of non-restraint.

Dr. Ernest Brewster Sangree, late Professor of Bacteriology and Pathology in the Department of Medicine at Vanderbilt University, Nashville, Tenn., died at the home of his father, in Harrisburg, Pa. Dr. Sangree was also bacteriologist of the State of Tennessee prior to relinquishing the professorship at Vanderbilt University to accept a similar place in the University of Illinois. He was thirty-six years old, and was a graduate of the Medico-Chirurgical College of Philadelphia in 1889.

The late Dr. Watt Foster.—Dr. Watt Foster, who died of tuberculosis, in Los Angeles, Cal., on Friday evening of last week, was thirty-one years of age. He had been in poor health for about two years. Six months ago, accompanied by Mrs. Foster, he went to Los Angeles, in the hope that the California climate might restore his health. The deceased was a native of Pittsburgh. In 1891 he graduated at the Medico-Chirurgical College in Philadelphia, and has since practiced his profession in this city (Pittsburgh). He was a member of the Allegheny Medical Society and assistant surgeon of the Baltimore and Ohio Railroad Company. He was also a member of the Loyal Legion. The deceased is survived by his wife, father, and a brother, Bayard Dashiell Foster. Dr. Foster possessed all the requisites of the successful physician. His literary and professional training was thorough and complete, and he stood on the threshold of a seemingly successful career, when insidious disease intervened, and sadly cut it short. The sincerest sympathy of many goes out readily to the bereaved ones whose hopes have been so cruelly shattered and who mourn the passing away of a loved husband, son, and brother.—The Pittsburgh Bulletin.

Removals.—Dr. J. Solis-Cohen has removed from 1431 Walnut Street to 1824 Chestnut Street, Philadelphia.

Dr. Francis R. Packard has removed to the Professional Building, 1831 Chestnut Street, Philadelphia.

The Second Troop, Philadelphia City Cavalry.—The Editor of THE MEDICAL BULLETIN had the privilege and the pleasure of being present on the evening of March 10th at the Hotel Flanders upon the occasion of a banquet that was tendered by the City Troop to Captain Frank A. Edwards, U. S. A., its former commander. The ceremonies of the evening were of marked interest to all who gathered around

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the festive board. The guest of honor is well known and highly esteemed in this city. The troopers assembled in dress uniform. Many distinguished guests were present, including Generals Stewart, Schall, and Wagner. The evening was one which will dwell long in the memory.

A Visitor from Abroad.—The Editor of THE MEDICAL BULLETIN had the pleasure, a short time since, of welcoming to this city and its medical institutions Dr. Jules Van den Broek, of Antwerp, who crossed the ocean as surgeon to one of the Red Star liners. The visitor brought a card of introduction from the Editor's excellent and distinguished friend, Dr. Servais, also of Antwerp.

An Unfounded Report.—The report has been circulated that the New Orleans Polyclinic has been suspended on account of small-pox in New Orleans. We are authorized to state that the rumor is absolutely false. The Polyclinic has had a continuous course since November 20th, and will continue in operation until May 12th. The small-pox situation in New Orleans has at no time justified any apprehension on the part of those attending the Polyclinic or on the part of those who might wish to do so.

A National System of Mortality Registration.—In connection with the census of 1900 it is desired to secure the adoption of a uniform certificate for the return of deaths. The Census Office at Washington has issued a circular which details the steps which have been taken in this direction. Most registration officers have given the assurance desired. Local death certificates are to be amended in such a manner as to embrace all the census requirements and put the improved form in use for the present year, which is the period selected for the collection of mortality returns.

All physicians should realize the importance of these statistics and the value of registration according to a uniform system. This effort looks toward the establishment of a common national system of collecting vital statistics for the purpose of the census tables. A model return form has been prepared and submitted to each registration office or officer controlling the preparation of the State or local forms. By the institution of national uniformity in the compilation of vital statistics the study of the natural law of the growth of the population is rendered at once more easy and more certain.

Visit of Dr. Learned.—Dr. J. B. Learned, of Northampton, Mass., was a recent visitor to Philadelphia. Dr. Learned attended some of the clinics at the Medico-Chirurgical Hospital and was introduced to the class by Professor Shoemaker, who alluded to the interest taken by Dr. Learned in the promotion of health by hygienic observances and the restoration of health by physiological methods. Replying to the introduction, Dr. Learned spoke of those measures by which the *mens sana in sano corpore* is preserved and which are effective in relieving many diseased manifestations. He alluded particularly to insomnia, by which so many are, in these days, afflicted. The speaker described a system of exercises which he had originated and which induce sleep by the agency of muscular action.

The New Medical Journal: The Stylus.—The Stylus is the title given to a new journal recently established in St. Louis. The experienced journalist, Dr. William Porter, is back on the tripod again, and is in editorial management. Under his able direction, assisted by a corps of department editors and eminent members of the profession pledged to its support, The Stylus starts out under the fairest auspices. Those interested in the journal have hospital connections representing 1500 beds. It is proposed to make The Stylus the medium by which cases interesting or important in themselves or in special features shall be presented to the profession. From the prospectus, the names of those engaged in the undertaking and a careful examination of the first number, which is filled with

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valuable material, we have no doubt that the journal will prove an unqualified success, and that it will be useful and acceptable not only to the physicians of its own region, but will be welcomed by readers throughout the land.

The Mutual Antagonism of Diseases.—In referring to a paper by Dr. Rolleston on the above topic the Medical Times and Hospital Gazette says: "This is a very interesting subject and one that has not received sufficient attention. In connection with it may be mentioned a case recently reported by Dr. Kehoe, of a man who contracted syphilis, and, with the secondary eruption well pronounced and characteristic, became also the subject of confluent small-pox. He recovered from both perfectly, and since that time, over a year ago, never had the slightest return of syphilis and has never taken any specific remedy. Probably similar cases have been observed by many of our readers. We recall a typical example, a young barrister who, ten years ago, was attacked by typhoid fever while suffering from a well-marked Hunterian chancre and secondary rash. The sore healed, the rash disappeared, and he has never had a sign of tertiary mischief, although no further treatment was given."

A New Symptom of Obstructive Thrombosis of the Lateral Sinus.—Voss believes that he has found a symptom which will enable one to make a diagnosis of thrombosis of the lateral sinus without a delay of three or four days. A normal unobstructed vessel, such as the internal jugular vein, gives a certain murmur which cannot be heard if the vessel is occluded. If the murmur is not present in a normal vessel it may be produced artificially by slight pressure of the stethoscope. A stethoscope is therefore placed lightly upon the neck close to the base of the skull. It is of advantage not to press too hard with the instrument. The stroke of the carotid is a guide, and the pressure should not be sufficient to obliterate it. The ear must become accustomed to the loud tracheal râles. If the murmur is absent while present on the other side of the neck, or if light pressure upon the jugular fails to produce it, the inference is clear that the sinus is occluded by a thrombus. Owing to the entrance of the facial vein, the murmur may be present at the middle of the neck when absent higher up.—Nashville Journal of Medicine and Surgery.

Gummata of the Tonsils.—Troisart, in a "Thèse de Lille," says that tertiary syphilitic lesions of the tonsils are, in his opinion, rather rare. Gummatous ulceration of the tonsils has a characteristic appearance: that of a hollowed-out wound, circular in form, with sharply-defined edges surrounded by a hard, infiltrated, red, and prominent areola. Generally unilateral, it is found most frequently on the right side. It is painless at first, but afterward becomes difficult to tolerate, and when the ulceration reaches the pillars of the fauces the dysphagia may be intense.

Non-ulcerated gummata, or gummata with quite superficial ulceration, are rather more rare than the ulcerated ones.

Peripheral Nerve-lesions in Tuberculosis.—Rudolf Schmidt brings to a conclusion the results of extensive researches published regarding the alterations of the peripheral nerves in pulmonary tuberculosis. His general conclusions may be summarized as follows: 1. The morbid changes in the peripheral nerves may be classed under two headings, namely: local changes of mechanical and toxic nature and dependent on the proximity of the affected nerves to the focus of infection, and diffuse changes of toxic origin. This may be noted in the case of nerves of the brachial plexus, intercostal nerves, the recurrent laryngeal nerve, etc. 2. Disturbances from toxic substances may be of more diffuse character, though due to local action (proximity to the focus of disease). 3. Among the actual local symptoms produced may be included phenomena of unilateral pain, due to pressure

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on elements of the brachial plexus, or the special phenomena of acroparæsthesia—often attributable to involvement of the ulnar nerve; both these sets of conditions may occur in the early forms of pulmonary tuberculosis. Tuberculosis, especially in young persons, must be borne in mind as one of the causes of acroparæsthesia. 4. There is a symptomatic acroparæsthesia which occurs in phthisical patients, especially in males, and is frequently associated with acute catarrhal lung troubles (bronchitis, influenzal broncho-pneumonia, etc.). It is characterized by its unilaterality, occurring on the same side as the affected lung-apex. Nerve-trunks issuing from the brachial plexus may, in such cases, be tender and painful to pressure, and the symptoms may exhibit a parallelism with those of progressive pulmonary destruction which may be concomitantly indicated by night-sweats, febrile elevation of evening temperature, etc. (hectic symptoms).—British Medical Journal.

The Asheville Public Health and Resort Association.—An association bearing the above title has been formed at Asheville, N. C., for the teaching of public hygiene, school hygiene, and personal hygiene. Other purposes of the association are the study of infectious diseases, including tuberculosis, and the prevention and eradication thereof; the study of meteorology, climatology, and topography of Asheville and surroundings, and the establishment of a permanent weather bureau. The association furthermore desires to encourage and create means of entertaining and providing amusement for visitors and guests in Asheville; the improvement of water-supplies, street cleaning, drainage, house-building, ventilation, disinfection, etc.; the dissemination of reliable information concerning the numerous advantages which Asheville offers as a resort, etc.

The lovely and salubrious situation of Asheville is generally recognized. The objects for which the association has been founded are highly commendable and should lead to the success of the enterprise. The character and capacity of the members are such as to inspire confidence, and we have no doubt that the association will be beneficial alike to the residents of Asheville and those interested in procuring information relating to the place.

International Otological Congress.—Owing to the date for holding the International Medical Congress falling in 1903, it has been decided that the next International Otological Congress shall not take place in that year, but in 1902. The meeting will be held at Bordeaux, under the Presidency of Dr. Moure.

Paralysis Following General Anæsthesia.—William M. Leszynsky says: "The paralysis produced by pressure during anæsthesia is preventable in every instance. As a rule, it affects the upper extremities. The serious attention of the surgeon should be directed to this class of cases. It is occasioned by the following conditions:—

"1. Prolonged elevation and extension of the arms, allowing the head of the humerus to make pressure on the brachial plexus.

"2. Metal clamps or tight straps over the shoulders or lower extremities.

"3. Extension of the head toward one side, thus stretching the nerve-trunks and rendering them still more susceptible to pressure.

"4. Placing of the arm under the head and retaining it in the same position.

"5. Permitting the arm or leg to hang over the edge of the table, thus making pressure upon some individual nerve.

"6. The elbows of the anæsthetizer resting heavily in the clavicular region, pressing upon the brachial plexus."—Nashville Journal of Medicine and Surgery.

The Courtesan and the Small-pox.—Le Progrès Médical takes from the Lyon Médical this choice anecdote: When Dr. M. was asked concerning a member of the *demimonde* who was suffering from small-pox and likely to be disfigured he replied: "Ah, the poor little girl! I do not think

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that her days are in danger, but I despair of her nights."

Ocular Troubles Among the Negroes.—Continuing his ophthalmic memoranda on the above topic in the Cincinnati Lancet-Clinic, Dr. David de Beck speaks next of

Condyloma of the Iris.—Out of 150 carefully-noted cases of iritis he found a much larger proportion among negroes than among whites. Although the proportion (20 per cent.) might not hold good as a uniform average in a large series of such cases, yet it is striking proof that the condition is certainly much more frequent than in whites. He also thinks that gummatous growths are more frequent and more destructive in the negro.

Tubercle of the Iris. — "I only mention this condition to call attention to one rather surprising point. In a rather hasty glance through the literature I have not found a single case of this affection reported in the negro. When we consider how frequently tuberculosis occurs in this race we cannot but be surprised that this ocular expression of it has not been seen."

Iridochoroiditis.—"This grave inflammation of the uveal tract has seemed to me to be unquestionably more frequent among the colored race, and when occurring in them to be much more severe and more hopeless. . . . We rarely see in the whites such peculiarly severe, rapid, and treacherous examples of inflammation of the uveal tract; so utterly resistant to treatment, and so hopeless as to the outcome."

Glaucoma. — "Although destructive, degenerative inflammation of the uveal tract is not infrequent among the colored race, I do not recall ever having seen a case of acute glaucoma in the negro."

Congenital Anomalies. — "All material that has passed through my hands has always been carefully inspected for such defects; and I have an immense accumulation of notes on such cases. A glance over this mass of material will surprise one by the almost entire absence from it of negroes."

Color-blindness.—"In line with the above is the apparently well settled fact that impaired color-sense is less frequent among the negroes than it is among the whites."

Refraction. — "My examinations have shown that the negroes (including as well adults as school-children) are almost invariably hypermetropic to a greater or lesser degree. . . . Emmetropia I have found extremely rare. Myopia I have never seen in a full-blooded negro. . . . Astigmatism seems to be comparatively rare. . . . Asthenopia is very rare among them, even among their school-children."

Strabismus Convergens.—"Despite the almost invariable hypermetropia, it is a well-known fact that 'squint' among them is almost unknown."

Queen's College, Belfast. — Dr. J. A. Lindsay has been appointed Professor of the Theory and Practice of Medicine in Queen's College, Belfast, in succession to the late Dr. Cuming.

Scarlatinal Phlebitis.—Moizard and Ulmann report a case which occurred in a little girl 4 ½ years old, and involved the right axillary vein. When first seen, the child had had scarlet fever for seven days, the pain, swelling, and œdema of the arm having appeared on the fourth day. The entire arm was involved, and the collateral circulation was well developed. Small purulent foci on the shoulder, elbow, and wrist necessitated incision, but the vein itself did not suppurate. Improvement was gradual, so that the child was discharged in one month; all pain and swelling had disappeared, but some dilated veins remained on the shoulder. The scarlet fever was apparently of moderate severity, and was accompanied by transient albuminuria. Bacteriological examination of blood from one of the thrombosed veins on the shoulder proved the presence of streptococci in pure culture.

Four other cases of phlebitis occurring in the course of scarlatina were collected from medical literature. In two of these,

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the sinuses of the dura mater were involved, together with the jugular vein in one; this vein was also affected in another case where a phlegmon of the neck existed, and in the fourth case the iliac veins were the seat of thrombosis.

The conclusions are that phlebitis may appear early or late in the course of scarlet fever, having been observed on the fourth and also on the fifteenth day; and that there is no absolute relation between the phlebitis and the severity of the attack of scarlatina, although in the reported cases it seems more often to accompany a grave and profound general infection.—Archives of Pediatrics.

The Child who Knew.—The following gem is taken from the Cleveland Medical Gazette: "Mamma, what's twins?" asked the smallest child. "I know," replied the older one, before the mother could answer. "Twins is two babies just the same age. Three babies are triplets, four are quadrupeds, and five are centipedes."

Simultaneous Intra-uterine and Extra-uterine Pregnancy.—A very rare case was lately shown to the Berlin Surgical Society by Dr. Hermes of the Moabit Hospital. A woman, 30 years of age, was admitted there in a serious condition, complaining of severe pain in the abdomen, which had come on during the previous twenty-four hours. The patient was very anæmic, her pulse was 120, and her abdomen was tympanitic. On the left side of the abdomen a tumor could be felt, and after some hours laparotomy was performed. The case proved to be one of extra-uterine pregnancy, and a mole was removed. The patient recovered after the operation and was discharged from the hospital in about six weeks. It was observed that menstruation, which had ceased three months before, had not reappeared, and that the uterus was still somewhat enlarged. When the patient returned after about a month the uterus had become still larger and it continued to grow during the following months. The symptoms pointed to the presence of a fœtus in the uterus, and this diagnosis was verified six months later when the woman was delivered of a strong and normal child. In this case, therefore, extra-uterine and intra-uterine pregnancy occurred simultaneously, and it was very remarkable that the intra-uterine pregnancy came to a normal termination notwithstanding the operation which was performed on account of the extra-uterine pregnancy.—Berlin Corresp. Lancet.

Pyrexia in Cancer.—It is generally supposed that cancer is an apyretic condition, and the absence of fever has even been accorded some value in diagnosis. Fretel, however, points out that in certain cases there is pyrexia, and this in the absence of any complication. According to the author, it would seem that cancer, where acute or chronic, must be looked upon as a disease capable of causing elevation of temperature at any period of its course. It is possible to distinguish several varieties of pyrexia. There may, for instance, be an intercurrent attack of erysipelas, pneumonia, or pyæmia or inflammations of neighboring organs such as pericarditis in cases of malignant disease of the œsophagus, peritonitis in cancer of the intestine or suppuration, or ulceration of the mouth itself. These are instances of a merely septic pyrexia, but there is another variety which appears without any such cause. It is most frequent in cancers of rapid evolution and the writer thinks that miliary carcinoma is probably the form most likely to produce pyrexia. Observations of this kind are certainly uncommon, but would probably be more frequent if looked for. The writer draws attention to the fact that pyrexia in such cases may strongly simulate intermittent fever especially of the quotidian type. During the evening, after a period of malaise and headache, rigors appear; later during the night the skin becomes wet with perspiration. In the interval there may be complete apyrexia, but usually incomplete. This state of things may last for weeks, and even months. It is stated that there is no enlargement of the

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spleen, which would help to distinguish the case from one of malaria. It is at present impossible to explain the temperature of cancer. The most probable hypothesis is that autointoxication takes place, and the writer thinks that the presence of a specific organism may have much to do with the formation of a pyrogenic material.—British Medical Journal.

Iridochoroiditis due to Intestinal Auto-infection.—Elia Baquis reports a case in which the eye-symptoms were clearly referable to prolonged attacks of enteralgia and obstinate constipation. That there is a close connection between intestinal lesions and diseases of the eye is well known. Given an infected area in any part of the organism, distant portions may be affected by living germs or their toxic products. In the case reported the author believes that the process was a chemical one. Toxic products of digestion, not having been eliminated, were absorbed into the circulation and injuriously affected the eyes.—Medical Record.

Melanoplacia of Mucous Membranes and the Diagnosis of Addison's Disease.—Pigmentation of mucous membranes is generally considered diagnostic of Addison's disease, but it seems to be found under other conditions. It appears to occur in some cases as a mere accident without obvious cause; it may also be associated with chronic gastric disease, such as carcinoma; and a similar condition, along with general pigmentation of the skin, is described by Parkes and Harely in a case of cirrhosis of the liver. Professor Schultze describes two cases of abdominal disease in which this pigmentation was found on the mucosa of the mouth. In the first case the diagnosis lay between cirrhosis of the liver and chronic peritonitis: in the second there was cholangitis due to gall-stones, with tubercular disease of the lung and testicles. In neither of them could Addison's disease be absolutely excluded, but the group of symptoms by which it is distinguished did not occur. Nor can the occurrence of his group be relied on as a sure indication of disease of the suprarenal bodies, for the author relates a case in which weakness, anorexia, anæmia, vomiting, and diarrhœa were all present, but the autopsy showed only chronic gastric catarrh without any affection of the suprarenals. In this case there was no pigmentation.—Indian Lancet.

Tinea Tonsurans of the Scalp in an Adult Man.—Abraham exhibited to the Dermatological Society of Great Britain and Ireland a man with ringworm of the scalp. He remarked that "certain authorities, especially abroad, had stated that tinea of the scalp never occurred in adults; but that was not the experience of dermatologists in this country, for, although the condition is extremely rare, some of us had occasionally encountered such cases."—International Medical Magazine.

The Significance of Bell's Phenomenon in Facial Paralysis.—Koster discusses the value of a phenomenon observed in peripheral paralysis of the portio dura, consisting in an upward rotation of the eyeball on the paralyzed side when the patient attempts to close the eyes. The exact movement is upward and at first inward, and finally outward. It was described by Bell, but seems till lately to have attracted so little attention that, in 1897, Bordier and Frenkel described it as a "new phenomenon." Koster has looked for this symptom in hundreds of cases of natural sleep, hypnosis, narcosis, and paralysis, and draws the conclusion that the rotation of the eyeball upward and inward and then outward is a physiological act associated with every kind of closure of the eyelids, but that it is naturally more apparent and striking when the lids are prevented from closing either by paralysis or by the fingers of the observer. For instance, it is always present in central facial paralysis if looked for. Bernhardt states that as the paralysis, especially that involving the orbicularis, improves the upward rotation of the eyeball on attempting to close the lids becomes less, and eventually disappears

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when the paralysis is cured. Koster denies this, the diminution of the rotation being, according to him, merely apparent, depending, as it does, on the lids' closing too quickly for the movement to be noticed. The symptom is, therefore, not in any way pathognomonic of peripheral facial paralysis, and Bordier and Frenkel, Bonnier, Negro, and to a certain extent Bernhardt, who have lately attributed to it a diagnostic and prognostic importance, are wrong. The electrical reaction of the muscles is still the only means of foretelling the probable duration of the paralysis.—Indian Lancet.

Western Ophthalmological and Otolaryngological Association.—The next annual meeting of the above association will be held at St. Louis, Mo., April 5th, 6th, and 7th. A most interesting scientific and entertaining program has been prepared.

Preputial Calculi.—Zuckerkandl reports a series of cases of urethral, ureteral, and preputial calculi. A peasant, aged 63, suffered from a swelling at the end of the penis of the size of a small apple, hard and creaking when pressed; the skin was normal, the orifice of the prepuce admitted a sound. There was no cystitis, but considerable difficulty in micturition. Twenty years earlier he had trodden on a wasps' nest, and the insects had flown under his clothes and stung him badly on the penis. Phlegmonous erysipelas of the prepuce followed, and it underwent cicatricial contraction. The prepuce was slit up, and three calculi, each as big as a pigeon's egg, removed; two lay uppermost, fitting each by a facet on to the third, which lay under the glans. The calculi had caused remarkable flattening and atrophy of the glans, with chronic inflammation of its mucosa. — British Medical Journal.

Relative Frequency of Iritis in Syphilis and Rheumatism in Three Thousand Cases.—Dr. Randolph Brunsen gives the results of his observation of 3000 cases of syphilis in his own practice and that of four of his colleagues, and finds that in 1500 cases of syphilis iritis occurred 48 times, while in 1500 cases of rheumatism he found it 23 times. From these figures he manages in some way to get the percentage of iritis in syphilis as 3.2, and in rheumatism 1.53. These percentages, he claims, are about double those usually given by most authorities.—Medical and Surgical Monitor.

Dr. Joseph Eastman.—Dr. Joseph Eastman, of Indianapolis, has been elected an honorary member of the Medical Society of the State of New York.

Typhoid without Intestinal Lesions. — Picchi has collected the records of 21 cases of typhoid infection without any internal lesion (post-mortem). To these he has added 2 cases of his own. A critical examination of the reported cases leads the author to reject some, as the evidence of freedom from intestinal lesion of a typhoid character was not decisive; but in 14 of the 23 cases the evidence was decisive in favor of the existence of a typhoid infection without intestinal lesion. These cases probably "do better" than the ordinary typical case, for they escape the group of dangers due to intestinal ulceration. Even in these non-intestinal cases it is probable that infection takes place through the intestine, even though there are no manifest lesions to be found. The 2 cases reported in detail occurred in two sisters who came from a house where typhoid was prevalent. One died from broncho-pneumonia and gangrene of the lung and the other from pulmonary embolism. In each case there was strong bacteriological evidence of typhoid, but the intestines were normal and showed no sign of typhoid infection. — British Medical Journal.

Medical Anecdotes of the Olden Time.—The New York Medical Journal quotes the following from Mr. W. H. Harsant's presidential address to the Bristol Medico-Chirurgical Society, on "Medical Bristol in the Eighteenth Century":—

"Of Mr. John Townsend, another emi-

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nent surgeon to the infirmary, the following is told:—

"He was once walking down Broad Street during an illumination, and observed a boy breaking every window which had not a light. He asked him how he dared to injure people's property in that way. 'Oh,' said the boy, 'all for the good of trade; I am a glazier!' 'All for the good of trade, is it?' said Townsend, lifting up his cane and breaking the boy's head. 'There, then, you rascal, get that mended for the good of my trade; I am a surgeon' "

St. Luke's Hospital, Chicago.—Dr. M. L. Harris has been elected attending surgeon.

The Chair of Surgery at Cork.—Professor Yelverton Pearson, M.D., M.Ch., who has been Professor of Materia Medica in Queen's College, Cork, since 1884, has been appointed Professor of Surgery in that College in succession to the late Professor O'Sullivan.—British Medical Journal.

Philadelphia Polyclinic. — Dr. Jay F. Schamberg has been elected Professor of Diseases of the Skin, in succession to Dr. J. A. Cantrell, resigned.

Diabetic Ulcerations of the Throat.—Among the causes of ulceration in the throat diabetes is not generally enumerated. The well-known tendency of diabetes, however, to cause ulceration makes it strange that this disease has not been classed with syphilis and tuberculosis as one of the standard causes. Dr. W. Freudenthal, in a paper recently read before the New York Medical Union, calls attention to the diabetic ulcer, of which he describes five cases. In the first case he was entirely at a loss to account for the ulceration, and the knowledge that the patient subsequently died of diabetes did not then suggest any connection to him between the two conditions. But in the subsequent cases the known existence of diabetes coincidently with the throat ulceration, and the exclusion, after the most careful examination, of syphilis and tuberculosis, led him to connect the two. Dr. Freudenthal divides the ulcers into two classes: malignant and benign. The ulcers do not seem to have any specially distinctive characteristics, resembling syphilitic or tuberculous ulcers indifferently, neither have they any special seat of predilection. Diabetes as a factor in pharyngitis sicca is well recognized, but we believe that its rôle as a possible cause of ulcer has not hitherto been pointed out. The local application of orthoform in emulsion was found to be an excellent treatment.—New York Medical Journal.

The Medical Examiner and General Practitioner. — The Medical Examiner, hitherto devoted to the interests of medical examiners for life-insurance and others, is to enlarge its field of usefulness. The editor says that, as every part of medicine bears upon the duration of life, he will henceforth admit to his columns articles upon any medical subject, and the title of the journal is accordingly enlarged to The Medical Examiner and General Practitioner.

Eye-complications in Typhoid Fever.—Various eye-complications of typhoid fever are noted by Hubbell. The most common are conjunctivitis, both catarrhal and herpetic, and inflammations and ulcerations of the cornea. Retinal hæmorrhages seem to be next in frequency. A great variety of other diseases are observed, involving the deeper as well as superficial structure of the eye. These complications seldom develop until the later stages of typhoid fever. Some of them are post-febrile in their manifestations, particularly ocular palsies and optic-nerve atrophy. While typhoid-fever germs may at times be the active agents in the production of the disease, it is probable that their toxins play the most important rôle. The virulence of these toxic agents is proportionate to the enfeeblement of circulation and to the diminution of tissue-resistance.—Medical Standard.

Gastric Syphilis.—Cæsaris-Demel reports the case of a man, admitted into hospital

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for gastric ulcer, who died suddenly from intraperitoneal hæmorrhage. Post-mortem the abdominal cavity was found more or less filled with blood; the stomach, pancreas, and liver adherent; and the remains of an hæmorrhagic sac between the pancreas and stomach. The abdominal hæmorrhage had come from an ulcer which had dissected the coats of the stomach, opened into the old hæmorrhagic sac, and thence burst into the abdominal cavity. The gastric ulcer was 35 millimetres by 18 millimetres, and was situated on the posterior aspect of the stomach. Macroscopically it looked like the ordinary round ulcer, but microscopical examination showed that it was the result of breaking-down gumma; around the ulcer there was diffuse gummatous infiltration, and in the arteries typical syphilitic changes. The pancreas was indurated (probably syphilitic) and some of its vessels thrombosed, and there were typical syphilitic scars on the liver. The prelumbar glands were indurated and caseous. As syphilis was not suspected during life, no history of that disease was noted.—British Medical Journal.

Book Reviews.

Gynecology. A Manual for Students and Practitioners. By Montgomery A. Crockett, M.D., Adjunct Professor of Obstetrics and Clinical Gynecology in the Medical Department of the University of Buffalo. Lea's Series of Pocket Text-books. Series Edited by Bern B. Gallaudet, M.D., Demonstrator of Anatomy and Instructor in Surgery in the College of Physicians and Surgeons, Columbia University, New York, etc. Illustrated with 107 engravings. Lea Brothers & Co., Philadelphia and New York.

This book is adapted to the needs of those beginning the study or the practice of gynæcology. Like all the members of the series, it is intentionally condensed as regards the text, but the labor of compression has been judiciously performed, and the essential features of the subject are faithfully presented. The diseases to which the female genital organs are subject are succinctly described. The operative procedures which have been devised for the relief or cure of such diseases are clearly explained, and numerous figures still further elucidate the text. The instruments and the steps of the operations are illustrated by the excellent plates. As an elementary treatise on gynæcology, the work is to be regarded as a success.

Nervous and Mental Diseases. A Manual for Students and Practitioners. By Charles S. Potts, M.D., Instructor in Nervous Diseases in the University of Pennsylvania, etc. Series Edited by Bern B. Gallaudet, M.D., Demonstrator of Anatomy and Instructor in Surgery in the College of Physicians and Surgeons, Columbia University, New York, etc. Illustrated with 88 Engravings. Lea Brothers & Co., Philadelphia and New York.

Affections of the nervous system constitute a sphere which is peculiarly in need of such a treatise which, like the preceding work, is one of Lea's Pocket Text-books. Histologically the most complex and physiologically the most important portion of the human economy, it follows that pathological manifestations of the nervous system are the most difficult to study and comprehend. Students and young physicians —we may say, in fact, all general practitioners—require a work which shall introduce them by graded steps to the mysteries of neurology. Furthermore, this department of practice has been so advanced by the recent researches concerning the histology and physiology of the nervous system that new conceptions and expressions have been devised to meet the demands of new discoveries. Nevertheless, these new

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terms are strange and perhaps meaningless to older members of the profession.

The intricacies of the subject are such that a complete exponent of this class of diseases must be an elaborate treatise. For all these reasons an introductory work is one which should be received with decided favor.

In preparing a book which should answer such purposes Dr. Potts has succeeded in depicting the main facts in a manner that will be appreciated by students and general practitioners. The gist of the numerous discoveries in every branch of neurology is clearly, but briefly, presented. Within its appointed limits the book is a reliable guide. To those whose opportunities, necessities, or tastes incline them to the study of nervous or mental affections it will serve to point the way to more elaborate treatises which require later and deeper study. This method of study is, in fact, the most satisfactory and profitable. It proceeds from the more obvious to the recondite, from the simpler to the more complex, from the elementary to the profound. It is the merit of this book in particular and this series in general that it follows this principle, and is, consequently, well fitted to fill the niche for which it was designed.

The International Text-book of Surgery by American and British Authors. Edited by J. Collins Warren, M.D., LL.D., Professor of Surgery in the Harvard Medical School; and A. Pearce Gould, M.S., F.R.C.S., Surgeon to Middlesex Hospital, etc. Volume I. General and Operative Surgery. With 458 Illustrations in the Text and 9 Full-Page Plates in Colors. Philadelphia: W. B. Saunders, 1900.

The reprint of this volume has been unavoidably delayed. The new chapter on operative and plastic surgery has been written by the American editor, Dr. J. Collins Warren, of Boston, who is amply qualified to present the subject in a lucid and practical manner. Professor Warren, by his original contributions to surgical doctrines and technique, is unusually well equipped for representing the present condition of the surgical art. The English editor, Dr. Pearce Gould, is one of the most progressive and reliable members of the profession in the British metropolis. The various, and in many instances, revolutionary changes which surgery has undergone during the last quarter of the nineteenth century could find no more competent exponents. The field, however, is so vast that they have allotted different sections to be portrayed by different American and British authors. By this arrangement the reader obtains a text-book which is strictly representative of the exact state of surgery to-day as it is understood and practiced in English-speaking countries. The list of contributors to this volume includes some of the best-known names of our time. The writers are personally interested in the work of instruction, they are engaged in the practical duties of their profession, and each possesses the pen of the ready writer. The finished product of their collaboration is a book which has cast aside mere traditional matter and deals solely with that which is recognized as serviceable in the practice of to-day. Among those who have taken part in the production of this excellent volume are Professor Harold C. Ernst, of Boston; Dr. Richard C. Cabot, of Boston; Dr. George Ryerson Fowler, of New York; Mr. Walter George Spencer, of London; Dr. Charles McBurney, of New York; Dr. John Chalmers Da Costa, of Philadelphia; Mr. J. Bland Sutton, of London; Dr. Lewis S. Pilcher, of New York; Professor William Watson Cheyne, of London; Dr. De Forest Willard, of Philadelphia; Prof. Rushton Parker, of London; Dr. E. H. Bradford, of Boston; Prof. L. McLane Tiffany, of Baltimore; Mr. C. H. Golding Bird, of London; and the late Prof. John B. Hamilton, of Chicago. These names are the guarantee of a work which can be cordially recommended.

The International Text-book of Surgery by American and British Authors. Edited by J. Collins Warren, M.D., LL.D., Pro-

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fessor of Surgery in the Harvard Medical School; and A. Pearce Gould, M.S., F.R.C.S., Surgeon to Middlesex Hospital; Lecturer on Practical Surgery and Teacher of Operative Surgery, Middlesex Hospital Medical School, etc. Volume II. Regional Surgery. With 472 Illustrations in the Text and 8 Full-Page Plates in Colors. Philadelphia: W. B. Saunders, 1900.

In volume ii we have the surgical affections of different regions of the body delineated by writers who have given special attention to the subjects. For instance, the second chapter of the book relates to diseases of the jaws, and is from the pen of Dr. J. Ewing Mears, of Philadelphia, who was for many years Professor of Anatomy and Clinical Surgery in the Pennsylvania College of Dental Surgery. Chapter IV, upon the surgery of the neck, is by Pearce Gould. Chapter XXIV, upon the influence of age and sex in surgical affections, is by Prof. W. L. Rodman, of Philadelphia, whose practice in Louisville entitles him to speak with authority upon this interesting topic. According to the same principles, the surgery of the nose, thorax, breast, genito-urinary organs, eye, ear, etc., is portrayed by those whose experience and opportunities have been unusually full in those directions. Prof. F. Henrotin, of Chicago, contributes two excellent chapters on gynæcology; Professor Bull, of New York, an admirable presentation of the operative treatment of hernia; Professor Mayo Robson, of Leeds, England, writes clearly upon the important topic of the diagnosis of abdominal diseases; gonorrhœa is described by Professor Warren, and syphilis by Robert W. Parker, of London. Dr. Charles McBurney writes of the surgery of the vermiform appendix. Professor Fenger, of Chicago, is the author of the chapter relating to the surgery of the kidney. These examples will serve to convince our readers that in this volume they will find a thoroughly modern and useful text-book and work of reference.

The American Year-book of Medicine and Surgery. Being a Yearly Digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery, drawn from Journals, Monographs, and Text-books of the Leading American and Foreign Authors and Investigators. Collected and Arranged with Critical Editorial Comments by Various Authors. Under the General Editorial Charge of George M. Gould, M.D. Medicine. Philadelphia: W. B. Saunders, 1900. Price, Cloth, $3.00; Half-morocco, $3.75, net.

Among those who have lent their assistance in the preparation of this volume are Prof. Louis A. Duhring, Dr. Milton B. Hartzell, Dr. David Riesman, Dr. Louis Starr, Dr. Alfred Stengel, Dr. A. A. Stevens, Dr. Reynold W. Wilcox, and others. The plan of issuing separately the volumes devoted to medicine and surgery, respectively, will, we believe, be generally commended. This is an excellent work of its class, and its class is one that is exceedingly useful. It cannot fail to be of great advantage to every studious physician to possess a work which presents to him in well-arranged form the essence of the new publications of the year. In these times, when genuine progress is so rapid, everyone needs such a book. In this volume the current literature concerning purely medical topics is digested, while by means of the copious references and the excellent index those who wish to follow out personally in detail certain subjects are made acquainted with the original sources to which they must apply. A year-book fulfills so admirable a purpose that it is difficult to imagine that any progressive physician should be content to deny himself the possession of such a volume.

A Pocket Medical Dictionary. Giving the Pronunciation and Definition of the Principal Words used in Medicine and

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the Collateral Sciences, including very Complete Tables of Clinical Eponymic Terms, of the Arteries, Muscles, Nerves, Bacteria, Bacilli, Micrococci, Spirilla, and Thermometric Scales, and a Dose-list of Drugs and their Preparations, in both the English and Metric Systems of Weights and Measures. By George M. Gould, A.M., M.D., Author of "The Illustrated Medical Dictionary," etc. Fourth Edition, Revised and Enlarged. Thirty Thousand Words. Philadelphia: P. Blakiston's Son & Co., 1900. Price, $1.00.

The scope of this work is described in the title. Everyone must need sometimes to consult a medical dictionary. So many new terms have been introduced in the progress of the last two decades that one will not infrequently meet with unfamiliar words, such as eponymic, for instance, which means: "named after some person." All the information required can usually be compressed into a few words, as in the example just cited. Thus one's time is saved, and as the book can be carried in the pocket it may always be at hand.

Psychopathia Sexualis, with Especial Reference to Antipathic Sexual Instinct. A Medico-forensic Study. By Dr. R. v. Kraft-Ebing, O.O. Professor fuer Psychiatrie und Nervenkrankheiten an der K. K. Universitaet, Wien. The only Authorized Translation of the Tenth German Edition. London: Rebman, Limited, 1899.

This treatise is universally recognized as an authority of the first rank in the unsavory field to which it is devoted. It probes the obscure and degraded recesses of human nature. It goes without saying that these unfortunate and repulsive subjects should be approached in the true scientific spirit which does not hesitate to explore the most unattractive subjects in search of truth. The intricacies of sexual perversion claim attention from the view of forensic medicine. The book is a storehouse of information, not merely for the specialist whose duties often lead him into court, but it is of direct service to the general practitioner whose every-day round may at any moment bring him into contact with a criminal case of sexual origin. The brutalities, tortures, and crimes which depend upon this form of alienation are numerous, and are often difficult to unravel. Professor Kraft-Ebing's treatise is replete with reliable histories of perverts of both sexes. The ordinary abasements of vice are cast utterly into the shade by the practices of the different varieties of perversion. In the opening chapters of the book the distinguished author lays down the scientific principles according to which sexual perversions are to be explained, the histories of various cases, including the confessions of many perverts, furnish the symptomatology of the subject, while the practical outcome of the study is traced in a final section relating to pathological sexual life before the criminal forum. Not only criminal offenses, but also infractions of the civil law, are in many instances due to this perverted instinct. The present edition is entirely rewritten and considerably enlarged. The translation has been well executed and the publisher has produced the work in beautiful style.

Philadelphia Hospital Formulary. Department of Charities and Correction, Bureau of Charities, of Philadelphia. Philadelphia Hospital Print, 1899.

This is the third issue of a little book of formulæ, formerly known as the "Pharmacopœia of the Philadelphia Hospital." It contains a number of formulæ for preparations which have been used in the hospital for many years with satisfaction, together with others which have originated more recently and relate to the newer drugs.

CURRENT MEDICAL LITERATURE.

Luke: the Personality and Versatility of his Genius. By J. C. Culbertson, M.D., Cincinnati, O.

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The Annual Report of the Superintendent and Physician of Walnut-Lodge Hospital, Hartford, Conn., at the Annual Meeting, January 10, 1899.

Thirteenth Annual Report of the Visiting Nurse Society of Philadelphia, 1899.

De la Voix Chuchotée. Par Paul Olivier, Paris, 1899.

Report of the Board of Managers of the Hayes Mechanics' Home for Aged, Infirm, and Deserving American Mechanics, with Constitution and By-laws. 1898-99.

Forty-sixth Annual Report of the Pennsylvania Training-school for Feeble-minded Children, Elwyn, Delaware County.

Seventeenth Annual Report of the Children's Aid Society of Pennsylvania, and the Report of the Union Temporary Home in Co-operation Therewith. 1898.

Heterophoria Corrected by Atropia Sulphate. By Gilbert D. Murray, M.D., Scranton, Pa.

Faculté de Médecine de Bordeaux. Travaux de la Clinique des Maladies du Larynx, des Oreilles, et du Nez. Du Dr. E. J. Moure, Chargé du cours de Laryngologie, d'Otologie et de Rhinologie. De la Réunion Immédiate du Pavillon de l'Oreille après la Cure Radicale de l'Otorrhée. Par le Dr. E. J. Moure, Chargé du cours d'Otologie à la Faculte de médecine de Bordeaux. 1899.

The Röntgen-Ray Diagnosis of Renal Calculus. By Charles Lester Leonard, A.M., M.D. From the Pepper Laboratory of Clinical Medicine.

Syphilitic Insanities and Pseudo-insanities, with Especial Reference to their Prognosis and Treatment. By Charles K. Mills, M.D., Philadelphia.

Some Defects of Speech; Their Cause and Treatment, with Exhibition of Cases. By G. Hudson Makuen, M.D., Philadelphia.

Progress in Gynecology. An Address Delivered before the Alumni Association of the University of Maryland, at Baltimore, Md., April 20, 1899, by Charles P. Noble, M.D., Philadelphia.

Reports of the Friends' Asylum for the Insane, Frankford, Philadelphia. 1899.

Falsetto Voice in the Male. Report of Five Cases. By G. Hudson Makuen, M.D., Philadelphia.

Semicentennial (1849-1899) Anniversary, Philadelphia County Medical Society, January 14, 15, 16, 1899.

The Modern Treatment of Uterine Fibroids. By W. A. Newman Dorland, M.D., Philadelphia.

Organotherapy in Gynecology. By W. A. Newman Dorland, A.M., M.D.

Alexander's Operation. By Charles P. Noble, M.D., Philadelphia.

The History of the Early Operations for Fibroid Tumors. By Charles P. Noble, M.D., Philadelphia.

Eruptions of the Face Due to Nasal Pressure. By G. D. Murray, M.D., Scranton, Pa.

Thirty-second Annual Report of the Board of Managers of The Reading Hospital, for the Year Ending December 31, 1898.

Thirty-first Annual Report of the Midnight Mission for the Year Ending December 31, 1898.

Tenth Annual Report of St. Agnes's Hospital. From January 1, 1898, to December 31, 1898.

Five Hundred and Fifty Surgical Operations Without Alcohol. By Charles Gilbert Davis, M.D., Chicago.

The Value of Repeated and Differently-Placed Exposures to the Roentgen Ray in Determining the Location of Foreign Bodies in and About the Eyeball. By Charles A. Oliver, A.M., M.D., Philadelphia, Pa.

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COMMERCIAL NEWS.

Cocovena.

This ideal food-product, pure and wholesome, easily digested, palatable, and rich in fats and albumins, appears just about to fill the bill for convalescents and those suffering from indigestion. The American National Red Cross Relief Committee, in their report, makes mention of cocovena's having been largely used in hospitals and camps during the Spanish-American War, while the surgeon-in-chief of the National Red Cross refers to cocovena in his official report as having served excellent purpose in the hospitals at Siboney and Santiago.

That the profession may judge of its value we append a condensed abstract from its latest analysis, comparing its nutritive value with other food-products.

One hundred grammes of cocovena contain 17.53 grammes of albuminous material, while into the composition of one hundred grammes of oysters—a food justly considered of high value—9.04 grammes of proteid matter enter, which is about half the amount found in this preparation.

In order that the great nutritive qualities of this product are properly understood, attention to the following facts is drawn:—

One hundred grammes of the preparation contain more nitrogenous elements than 100 grammes of white fish or salmon. One hundred grammes of eggs contain about 33 per cent. less albumin than is found in the same quantity of this preparation. Cocovena yields more than twice as much albumin as barley, nearly three times as much as rye-bread, five times as much as spinach, seven times as much as cauliflower, nearly nine times as much as turnips, ten times as much as celery. There is more albumin contained in 100 grammes of cocovena than in 100 grammes of the best cut of lamb.

The ratio of hydrocarbons to proteids in this preparation is similar to that in which these substances occur in cows' milk.

Cocovena, however, is a food condensed to a much higher degree, as the absolute quantities of its fats and albumins exceed fivefold the analogue matters of milk; five grammes of the product added to 250 cubic centimetres of milk, the form in which it is usually ingested, increases the latter's contents of proteids by 0.873 gramme and of fats by 0.939 gramme, while its caloric value is raised from 172.155 to 194.822. If 500 cubic centimetres (about two cups) of the mixture are partaken of, 45.335 heat units more are introduced into the system, than when milk alone is taken.

The manufacturers, M. Michaelis & Sons, 81 Murray Street, N. Y., will be pleased to furnish information in greater detail.

A Suggestion in the Treatment of Chronic Bronchitis.

One of the most distressing symptoms in cases of chronic bronchitis is the irritating and harassing cough which is so frequently present. Subjects of chronic bronchitis are apt to suffer from exacerbations during the season of changeable weather, and at these times the cough becomes particularly distressing. Frequently the patience of both the physician and sufferer becomes exhausted in finding a remedy which will afford relief. Opiates have been largely utilized for this purpose; but, while they relieve the cough, they are apt to clog up the bronchial secretions and disturb the digestive organs by producing constipation; besides there is always the risk of habituation. Codeine was a great advance on morphine in this direction, and now pharmaceutical chemistry has presented in heroin a drug which has a specific sedative action upon the respiratory organs without any disagreeable or injurious sequelæ. Heroin relieves the irritation of the broncho-pulmonary tract without diminishing the force of the respiratory muscles, and also allays dyspnœa, without the least depression of the heart. It thus fulfills one of the most important indications in the treatment of chronic bronchitis, especially

(Continued on Advertising Page 18.)

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A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

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Pil. Potass. Permang. . . . 1 gr.
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Pil. Potass. Permang. . . . . 2 grs.
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Pil. Diuretic.

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Pil. Phos. cum Zinc Co.

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Pil. Sumbul Comp.

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when combined with terpin hydrate: a drug which has long been employed with marked success on account of its expectorant qualities, and which also seems to have a very beneficial alterative action upon the affected mucous membrane. A most convenient and agreeable mode of administering these two remedies is in the form of the elixir of heroin and terpin hydrate, which is manufactured by Messrs. Schieffelin & Co. This preparation, on account of its palatability, is well adapted for continued use in these protracted cases, and is a decided acquisition to the treatment of chronic bronchitis, as well as asthma, emphysema, and allied conditions.

Nausea of Anæsthesia.

Nausea and vomiting following anæsthetics is sometimes a distressing as well as dangerous condition, and it behooves us to avoid it as far as possible, not only for the comfort of the patient, but for the reason that in serious surgical interferences it may place life in peril.

Says the Therapeutic Gazette: "Blumfield, in the London Lancet of September 23, 1899, observes that some of the chief points to be attended to in the avoidance of after-sickness are: 1. Use as little of the anæsthetic as possible consistent with perfect anæsthesia. 2. Wash out the stomach at the close of the operation when much mucus has been swallowed. 3. In long operations substitute chloroform for ether after three-quarters of an hour. 4. Move the patient about as little as possible during and after operation. 5. Place him on his right side in bed, with the head only slightly raised. 6. Give nothing but hot, thin liquids in small quantity for at least eight hours after. 7. Do not alter the temperature of the room for some hours. With proper attention to these points one-third of the patients operated on will be free from after-sickness, and for short operations the proportion will be much higher still. In fact, after all, administrations up to twenty minutes, or not much longer, sickness will be found to be the exception."

I have for some time given ingluvin in liberal doses (10 to 20 grains) just prior to the anæsthetic, and have been favorably impressed with its use, and would suggest its thorough trial by the profession.

Ingluvin is valuable on account of its mildly depressing the sensitive nerves of the stomach, thus lessening the irritation of that organ. The vomiting centres are subdued with the result that vomiting is controlled.

For vomiting succeeding anæsthesia, ingluvin should be given, 20 grains, one hour before the administration of ether or chloroform, and immediately after coming out of the anæsthesia one 20-grain powder; to be followed every hour by 5-grain powders, until vomiting ceases. Usually the 20-grain powder will be found effective. Ingluvin is a bland powder prepared from the gizzard of the chicken, and contains nothing which might contra-indicate its use in surgical operations as specified above.

It has long been used as a remedy to allay persistent vomiting of gestation with eminent success by many practitioners throughout the world. It therefore is not a new preparation, but simply an old remedy in a new capacity. Some months ago a professional suggestion was made to use it for the nausea of ether. Subsequent tests and their results have warranted its recommendation to the medical profession. Samples will be sent to any physician who wishes to test it in vomiting of anæsthesia. Write W. R. Warner & Co., Philadelphia, for a sample.—Monthly Retrospect of Medicine and Pharmacy.

Uric Acid and its Elimination.

Editorially (The Medical Brief, February, 1900) this vital subject is ably considered. Investigation strengthens the belief that eating too much meat is responsible for the formation of uric acid in disease-pro-

(Continued on Advertising Page 20.)

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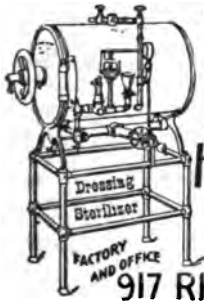

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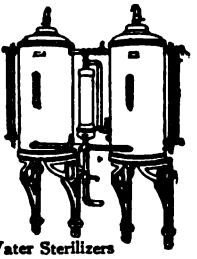

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Elixir Phosphorus Comp.

The difficulty experienced in dispensing Phosphorus in a safe, accurate, and agreeable form has for many years been the greatest drawback to the extensive use of this valuable remedial agent. In this preparation all of these objections have been thoroughly overcome; it is absolutely reliable, non-irritating, and very pleasant to the taste. Each fluidrachm or teaspoonful contains one one-hundredth (1-100) of a grain of Free Phosphorus held in perfect solution and of assured stability, keeping without oxidation or change for any length of time. It may also be combined with other preparations, such as Tinct. Nux Vomica, Tinct. Ignatia Amara, Tinct. Cinchona Comp., Elixir Iron, Quinine, Strychnia, etc. The quantity of Phosphorus in each teaspoonful being assured to the Physician, he can readily prescribe this Elixir with confidence and advantage to the patient.

Prepared by **ROBT. T. YOUNG,** *Apothecary,*

1634 CHESTNUT ST., PHILA.

Professor Shoemaker says: "In medicinal doses the action of Phosphorus upon the nervous system is that of a tonic and stimulant. It is useful in nervous debility, neuralgia, sexual excesses, anæmia, paralysis, melancholia, morphinomania, rickets, boils, acne, eczema."—*Vide Materia Medica and Therapeutics*, vol. ii, pp. 8–10.

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ducing quantities. To dispose of meat satisfactorily gastric digestion must be active, the constitution well supplied with fluids, and the organs more or less actively engaged in growth and development. These conditions cease to exist when adult life is reached, and the requirements of the constitution are chiefly for food to supply energy, heat, and vital stimulus. At this period in life a small amount of meat or other albuminous food will suffice, especially in torpid systems or persons of sedentary habits. The symptoms caused by an excess of uric acid depend upon the degree of saturation and whether these morbid products are circulating in the blood or are precipitated in the tissues or joints. The susceptibility of the various organs and the constitution of the individual also help to determine the symptoms; one person may have asthma, another an irritable bladder, and another sick headache or rheumatism. In the treatment diet is highly important. Meat once a day is often enough. Fresh fruit, especially apples, should be eaten in abundance. Tomatoes are excellent, so is asparagus. Baked bananas and well-done rice are excellent substitutes for meat. Pure honey is always allowable. In uncomplicated cases lithiated hydrangea will be the only remedy needed in addition to dietetic reform and plenty of water.

Maltine cum Creasote.

I wish to speak of maltine cum creasote, having taken it myself for indigestion, which attacked me some time ago and seemingly became persistent in spite of treatment.

I was somewhat "run down" as to general health, and I believe the attack was much due to this circumstance. Digestion was slow and imperfect, especially of the starches. The stomach seemed to be in an atonic condition.

Knowing creasote to be indicated in such atonic condition and remembering I had a sample of maltine cum creasote, I decided to take it, which I did in small doses of a drachm after meals. It began to do good work immediately, and after taking the bottle I find myself almost cured.

I am, therefore, pleased to state I have found a new indication for a combination which I consider one of the most valuable of the maltine preparations.

E. Lambert Yourex, M.D.

Baltimore.

Peacock's Remedies.

I have prescribed Peacock's bromides and found it to be one of the finest and most reliable remedies ever produced. Used it in my practice and found it very beneficial in cases of cerebro-spinal meningitis of the most severe attacks. It does not only help in restoring the brain functions, but helps greatly in reducing fever. Will also state that Peacock's bromides can be used in cases where nervous attacks are most readily. I will close by stating that I will still continue its use wherever it may be indicated.

Robert E. McDonough, M.D.

Louisville, Ky.

I will state that I took seng myself for stomach troubles and found it to be an excellent preparation, corrective of all dyspeptic symptoms, and a builder up of the system.

D. M. Blue, M.D.

Keysville, Fla.

Make a Note of This.

It is a matter of common observation that many cases of bronchitis will persist in spite of the continued, varied, and judicious use of expectorants. "The cough," says one prominent physician, "hangs on, harasses the patient with its frequency and severity, and is exceedingly liable to recur every winter—to become a regular 'winter cough'—with its sequelæ of emphysema,

(Continued on Advertising Page 22.)

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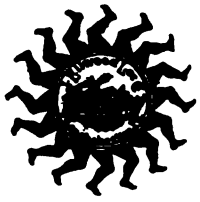

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ANTIZYMA Does NOT contain ANY COAL TAR DERIVATIVES or narcotics.

ANTIZYMA Ensures normal temperature in 12 to 48 hours.

ANTIZYMA Is an absolutely safe tonic cardiac stimulant.

ANTIZYMA Is indicated in all fevers, and works wonders in "La Grippe" and malarial conditions.

ANTIZYMA May be obtained in one grain tablets or powder form.

Samples and Literature, with formula, sent to Physicians upon application.

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Manufacturing Chemists,
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ONLY ONE

product—food—contains all the elements necessary to restore impoverished blood and wasted tissues.
Only one remedy,

GRAY'S GLYCERINE TONIC COMP.

assures adequate assimilation of food in anæmia, convalescence and malnutrition.

THE PURDUE FREDERICK CO.,
No. 15 Murray Street, New York.

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asthma and, ultimately, dilatation of the right heart."

Dr. Milner Fothergill, of London, insisted that cough of this character is due to lack of tone, not only in the general system, but in the blood-vessels of the bronchioles. This authority demonstrated that the only successful method of treating this form of cough is by means of appropriate systemic and vascular tonic medication. It is particularly in this class of cases that Gray's glycerine tonic comp. has gained a most enviable reputation. This remedy, which is a most palatable and agreeable one, not only has a selective tonic and antiphlogistic action upon the respiratory mucous membrane, but it removes the ever-present element of systemic depression. The beneficial effects of Gray's glycerine tonic comp., even in rebellious cases, are invariable and most pronounced.

Hæmatopoietic Treatment.

After surgical operations and severe hæmorrhages regeneration of the red corpuscles is a matter of great importance. The saline, watery, and albuminoid elements are quickly restored by resorption, but without iron the blood is practically functionless. Armour's extract of red bone-marrow is especially indicated because it increases hæmoglobin and simulates cell-proliferation. It is a hæmopoietic of the first class.

Ovarian Neuralgia.

The predisposing etiology of this complaint is often so obscure and even the immediate cause so apt to be veiled with reflex disturbances, that scientific procedure in treatment of these cases, in the very nature of things, too often gives way to a pernicious empiricism in which opiates are resorted to. Nothing could be more vicious. The ease with which a large percentage of patients are made habituates of the opium or morphine habit should deter the doctor from the use of these drugs. On the other hand, various methods of operative interference are practiced without due consideration and very unjustifiably.

The vast majority of these cases where there is no organic impingement readily yield to a very simple form of treatment. It has been my happy experience to give relief most promptly, not only, but to restore the nervous equilibrium with the judicious use of 5-grain antikamnia tablets, applying moist or dry heat to the parts, and insisting on a reasonable amount of rest in the recumbent position. In rare cases where the pain is particularly sharp and attacks frequent I have found it advantageous to administer the antikamnia-and-codeine tablets. The great advantage I desire to emphasize is that any patient can take the 5-grain antikamnia tablets with perfect safety—they impart no tendency to produce habit and do not depress the heart as is the case with other coal-tar derivatives. The average dose is from 1 to 2 tablets repeated as often as occasion demands.

T. B. Selman, M.D., A.M.C.

Texas.

Sanmetto in Chronic Orchitis.

J. A. Stothart, M.D., Savannah, Ga., reports the following case: "During November, 1898, a Greek fruit-vender called at my office, suffering with chronic orchitis. The patient stated that the first attack occurred four years prior to this time. During the four years there had never been more than two and a half months between the attacks. He had been under treatment most of this time, and several times in the hospitals, and had been discharged as cured by several physicians. The testicle had almost arrived at the condition of ossification, but at no time had there been any pus-formation. I prescribed sanmetto, and directed that the treatment be continued for two or three months. My treatment was carried out to the letter, and there has never been any return of the trouble since

(Continued on Advertising Page 24.)

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PHENALGIN

ACUTE GASTRITIS resulting in an arrest of digestion causing gastric distress, gaseous eructations, headache and general nervous tremors, insomnia and other characteristic features, may be effectively treated with PHENALGIN in 10 grain doses.

PHENALGIN is indicated in Fevers, Malaria, Pain, La Grippe, Insomnia, Neuralgia, Dysmenorrhoea, Rheumatism, and always to be preferred (as an anodyne or hypnotic) to opium or its alkaloids.

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SANMETTO FOR GENITO-URINARY DISEASES.

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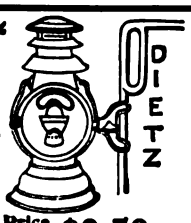

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I cure all of mine and receive from $25 to $50 from each of them. The cost of treating a case will not exceed $1.00. Inclose a 2 cent stamp for particulars.

F. E. MAY, M.D.,

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beginning the use of sanmetto. I have used sanmetto in other urethral troubles with very satisfactory results."

The Winter Sick-room.

Tightly-closed doors and windows render thorough ventilation impossible during inclement weather; hence the use of a proper disinfectant and deodorizer is specially indicated. "For all purposes of disinfection, deodorization, and isolation 'Platt's chlorides' is cleanly, reliable, and convenient." —Prof. Marcus P. Hatfield, M.D.

A Professional Opinion.

In a recent letter to Micajah & Co., Warren, Pa., Dr. George E. Gilpin, Berkeley Springs, W. Va., says, concerning their preparation: "After years of constant use of Micajah's medicated uterine wafers I feel constrained to add my testimony as to the very great value of the remedy in prolapsus uteri, congestion of the organ, vaginal discharges, and kindred troubles. My experience in their use has been very extensive and I long felt that I owed to you an expression of appreciation of their merits."

Bromidia in the Treatment of Epilepsy.

T. Edward Converse, M.D., of Louisville, Ky., in an article on "Epilepsy Treated by the Use of Bromidia," after discussing the use of medicines chiefly relied upon in the treatment of that disease, and giving the needful hygienic measures in considerable detail, concludes by referring to "the question often raised: How long will the patient have to keep up the treatment?" If the bromides are given, they should be continued for at least two years after the last convulsion, or if combined with the chloral-hydrate, in the form of bromidia, a year and a half is sufficient in most cases. If the patient is having several attacks during the day, a teaspoonful of bromidia after the attack and repeated in an hour will abort the next attack; but, as a rule, 1 teaspoonful will be sufficient.

Aletris Cordial in Dysmenorrhœa.

William Geddes, M.D., 1720 Fourteenth Street, Washington, D. C., says: "Aletris cordial has proved, in a case of dysmenorrhœa of some years' standing, wonderfully efficacious, and has, apparently, given to the sufferer complete relief. This being the first case in which I have had occasion to try the aletris cordial, and sufficient time having elapsed for me to speak of the permanence of the cure, I can say that I propose to continue the use of aletris cordial in all such cases, and wherever a uterine tonic is indicated."

Maltine cum Creasote.

"Maltine with creasote" is, indeed, excellent. It practically solves the problem of the proper administration of creasote. Creasote is a rank disturber of digestion, but when combined with that great digestive agent, maltine, the thing is done." —I. N. Love, M.D., St. Louis.

Visitors to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXII. PHILADELPHIA, MAY, 1900. No. 5.

Clinical Lectures.

PEMPHIGUS.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

GENTLEMEN: The cases which are brought before you in this arena are fairly representative, not only of our clinical service, but also of the comparative frequency of certain diseases. Therefore the diseases which you see in this lecture-room are of the same kind with which you will be confronted when you enter upon the active duties of your profession. I have a very interesting case to study in your presence this morning. It is an excellent example of a rare affection, and I wish you to impress its features indelibly upon your memory in order that you may be able to recognize it whenever you may again meet with such a case. The patient is a woman, 53 years of age, who comes here complaining that for eight months she has had upon various parts of her body a conspicuous, abundant, and troublesome eruption. It first appeared at about the same time upon the back of both forearms in the form of blisters. From these sites it spread to other parts. At the present moment it exists upon the forearms, hands, and legs. The lesions are bullæ, or blebs. The advent of each bulla is preceded by the appearance of a red spot. A number of such spots studded the affected surfaces, and were transformed into bullæ. The first lesions were small or of medium size. To-day they vary from the size of a pea to that of an almond. Individual blisters run their course in a few days.

The largest of those now present have developed within a week. In addition to the characteristic eruption there are pigmented spots which mark the situation of former bullæ. A few crusts are also to be seen upon the affected regions. The crusts have at times been more plentiful than at present. To-day they are by no means a prominent feature. They are small and of dark hue. Most of the bullæ are filled with a yellow serum, but in some it is of a dark color, evidently due to the extravasation of blood.

In the beginning of the disease the first thing to draw the patient's attention to her skin was itching, and this symptom has remained prominent throughout the entire progress of the affection. There are also burning, smarting, and tingling sensations, and these distressing feelings sometimes prevent her from sleeping at night.

The patient considers herself in good general health. Her tongue is clean, appetite is fair, and bowels regular. She is of an extremely nervous temperament, and subject to headache. A short time prior to the evolution of the bullæ she had suffered from trouble and anxiety, and was debilitated.

[1] Delivered in the Amphitheatre of the Medico-Chirurgical Hospital.

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She realizes that she is of that disposition which, as she expresses it, "takes trouble hard." Her daughter tells me that she has had much trouble to endure. The woman's gait is steady, and she exhibits to-day no evidence of organic disease of the nervous centres.

Having heard the history of the case, satisfied ourselves regarding the patient's physical condition, and identified the lesions, we are now prepared to enter upon the question of diagnosis. In the first place, we observe that bullæ are almost the sole evidences of disease of the integument. I infer, consequently, that this lesion must be peculiarly distinctive, characteristic, and, I might perhaps even say, pathognomonic of that disease. I next ask myself: of what cutaneous disease, or diseases, are bullæ significant? We have them in syphilis, but as a late eruption and preceded by a polymorphous exanthem. They occur in leprosy, but, setting aside the fact that that dread malady is so rare in this latitude, there are here no tubercles or anæsthetic areas. There has been no burn or injury which might account for the presence of blebs. Blebs form in erysipelas, but the eruption of that disease is at first erythematous, of a peculiar hue, while the acute febrile phenomena by which it is accompanied are totally lacking in the present case. Eczema is attended by vesicles, but they are small, insignificant in size as compared with the bullæ upon this woman's forearms, and they are seated upon a highly-inflamed base, the redness of which shades off insensibly into the color of the normal skin. In herpes iris there are vesicles and blebs, but they are concentrically arranged and are of different shades, the disease is of short duration, and, furthermore, the lesions are surrounded by an erythematous areola. Hydroa is characterized by both vesicles and blebs, and some of the latter lesions may be quite as large as some of the bullæ of the case we now study. Hydroa gives rise to excessive itching, and in this respect, also, we could draw no definite distinction, because our patient particularly dwells upon the itching, smarting, and burning sensations which she has experienced. The bullæ of hydroa, however, are seated upon a base which possesses the features of erythema multiforme. We are, consequently, led by a process of exclusion to decide that the case before us is one of pemphigus.

This is, indeed, gentlemen, a typical example of the usual variety of pemphigus: pemphigus vulgaris. The disease is rather rare, although from time to time we encounter a case in this clinic. Pemphigus is subdivided into three varieties, which differ widely in appearance and course.

Pemphigus vulgaris is the ordinary type. Occurring in children, it may be acute in its origin and progress, and is, in fact, epidemic, as if some contagious element entered into its nature. In adults it generally pursues a decidedly chronic course, as is exemplified in this patient, who has suffered from its presence for eight months without a sign of improvement. In some instances the outbreak is preceded by fever, lassitude, headache, backache, and irritable stomach. As this woman has informed us, the first visible alteration consists of red spots; that is, erythematous spots or even wheals. Upon these spots bullæ and blebs arise. The number of these varies within wide limits. In this woman you see the flexor surface of the forearm crowded with lesions. They may attain the size of a hen's egg. After they have existed for awhile some of the serous contents may become absorbed and the bullæ become flabby or flaccid. Not infrequently the fluid will be more or less deeply tinged with blood, and of that fact we see an instance in this patient. Bullæ may burst and the serum may dry into crusts. In this case there has been little incrustation, but we have had cases in this arena showing so much incrustation and in which so few unruptured lesions remained that the diagnosis was by no means so readily made as in the case now in our midst. After the disappearance of the bullæ pigmented spots long remain to mark their sites, and this

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feature also has been illustrated in this case. Thus, in certain cases we may have a composite picture of blebs in different stages of development or retrogression, crusts, excoriations, and stains of pigment.

A second variety of the disease is even more chronic and rebellious than that which now engages our attention. It is known as pemphigus foliaceous, from the fact that the bullæ are flaccid from the first, soon break, and the epiderm hangs in loosely or partially-attached sheets, often of large size and affecting the greater part of or the entire body. The hair falls and the nails are shed. In accordance with the greater severity of the cutaneous manifestations the constitutional symptoms are likewise more decided and more severe. The vitality is gradually sapped and, as a rule, the case terminates in death.

A third variety I will merely name, as it is, fortunately, very rare. It is as fatal as it is rare. It is called pemphigus vegetans, because upon the site of the ruptured bullæ large excrescences develop.

Pemphigus occasionally attacks mucous membranes. It has been shown that the condition known to oculists as essential xerosis of the conjunctiva is really pemphigus of that membrane. It may occur in the mouth. This patient states that she has sometimes had spots upon the tongue during the existence of the present disease. As none is to be seen to-day I would by no means venture to assert that they were of the same character as the cutaneous lesions. I simply ask you to remember the fact that the mucous membrane may be invaded. This circumstance need not much surprise us when we reflect upon the analogous structure of the two membranes. Indeed, a unique observation of pemphigus of the stomach was recently reported by Dr. du Mesnil. A man who had suffered for three years from pemphigus vulgaris died in consequence of apoplexy, and after death there were found a dozen small ulcers in the pyloric region of the stomach, due merely to destruction of the epithelium, and consequently precisely analogous to the lesions of pemphigus which had existed upon the skin.

The fluid of the bullæ is exuded into the substance of the rete mucosum or between that layer and the corium. The papillæ and blood-vessels of the corium are enlarged.

Pemphigus is most common among children. Among adults it is witnessed at every age. It affects both sexes equally and prevails at all seasons of the year. It depends upon reduction of the general powers of the system, and this, in turn, may be due to various causes. Deficient alimentation and assimilation, impaired quality of the blood, as after infectious fevers, exhaustion by overwork or excesses, anxiety, severe fright, and menstrual disorders are among the influences most often responsible for its occurrence. We are entirely justified in the present instance in referring the attack to the frequent and prolonged seasons of anxiety and distress through which our unfortunate patient has passed.

I have observed a number of cases which exemplify the connection of pemphigus with nervous disease and the danger incidental to the cutaneous disease. Two in particular come now into my mind. I was once called to see a lady in much the same condition, as regards the skin, as the patient of to-day.

She claimed to be entirely well constitutionally and to be troubled only by the eruption upon the surface. A careful examination, however, convinced me that the eruption, instead of the chief, was a subordinate feature of the case, and that the lady was in the early stage of softening of the brain. The latter malady, indeed, progressed rapidly, and at the end of a few months the patient was a corpse. Another patient, also female, was seized with acute pemphigus with high fever. The burning heat of the skin was her sole complaint. Nevertheless, after the lapse of a certain time she suddenly collapsed and perished.

Pemphigus is a difficult disease to treat with success. As it causes lie in some deep disorder of the nutritive functions, it is

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necessary to enter into a searching examination of each case in order, if possible, to determine its origin. All patients require the assistance of the best hygienic arrangements which can possibly be commanded. Their dwellings should be well ventilated. As far as may be, their minds should be relieved of excessive strain and anxiety. The physician is often thus called upon to "minister to the mind diseased," and a difficult task it often is. If the causes of grief or anxiety cannot be removed, our counsel will often prove ineffective. There are, however, many cases in which the patient has worried unnecessarily and immoderately, in which sympathetic advice may be of use. If we can find evidence of organic nerve trouble our efforts must be adapted to its removal. Our prescriptions should be framed with a view toward the suppression of the cause. Nerve-tonics and alteratives will generally be of most avail in such cases. If derangement of the digestive functions seems to be at the bottom of the cutaneous disease, we should employ all known measures in order to restore the organs of digestion to a normal condition.

The diet should be carefully regulated. The patient should subsist upon a simple, easily-digestible, and nutritious diet. It is proper also to inquire into the mode of preparation of the food, as much always depends upon this fact. Meats, eggs, and milk are, as a rule, the preferable articles of food in this disease. In aggravated cases you may with advantage do what you have often seen me do in gastro-intestinal catarrh: place the individual upon a strict milk diet. The mineral acids and bitter tonics, especially nux vomica, are useful in this class of cases. The preparations of malt are often of service. When the nervous system is a factor, we may, with profit, add an oil to the malt. Codliver-oil is beneficial, but if that article is not well borne we may advantageously have recourse to other oils, as olive-oil or even linseed-oil. I often direct chocolate to be taken with the meals, as that is palatable to most persons and contains a large proportion of oil. The preparations of zinc are likewise indicated in cases associated with disorder of the nervous system.

In many cases of pemphigus of the common variety arsenic is our most effective weapon. We may use the acid or Fowler's or Pearson's solution. Quinine is also a valuable remedy, and the two are often beneficially given in combination. I have sometimes witnessed good results from the use of full doses of potassium chlorate.

Local measures alone are unable to cure the disease. They may be usefully employed, however, for the purpose of relieving itching and preventing excoriations. They are applied in the form of dusting-powders, lotions, and ointments, according to the circumstances of each case and perhaps according to the preference of the individual. The impure carbonate of zinc mixed with equal parts of starch is an excellent dusting-powder. Witch-hazel, arnica, and grindelia robusta are employed as lotions. Creasote allays itching and lead-water and laudanum is often efficient in mitigating the inflammatory action. Cod-liver-oil and naphthol are other applications which can be recommended. Baths are remedial, and may be medicated with sodium bicarbonate, starch, bran, etc. In obstinate cases the continuous water-bath has been employed with good effect, but this plan of treatment cannot be carried out in private practice, and, in fact, except in the most extreme cases patients can hardly be induced to submit to this method.

In applying the foregoing principles of treatment to the woman now before us we shall instruct her carefully as regards her diet and general mode of life. She is of a decidedly neurotic temperament naturally, and her nervous constitution has been seriously undermined by the sorrows which she has experienced. She shall be ordered the zinc oxide, which will fulfill a double purpose. It is an admirable tonic to the nervous system and possesses, moreover, the property of relieving itching.

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The following prescription has been given to the patient:—

℞ Zinci oxidi, gr. $^1/_4$.
Strychninæ sulphatis, gr. $^1/_{30}$.
Quininæ sulphatis, gr. j.
Ferri lactatis, gr. j.

M. et ft. pil. No. j. Mitte tales No. xxx.
Sig.: One such pill to be taken four times a day.

As an external application to relieve itching there has been ordered:—

℞ Creasoti, *m* xv.
Liquoris calcis,
Aquæ hamamelidis destillatæ, of each, ℥iij.

M. Sig.: For external use.

ON GALVANISM; FOOD PRIMER; FOOD CAUSATION OF CATARACT; CANCER; DIABETES AND LOCOMOTOR ATAXIA.[1]

BY EPHRAIM CUTTER, LL.D.,
M.D., Harvard, 1856, and University of Pennsylvania, 1857;
AND
JOHN ASHBURTON CUTTER, B.Sc.,
M.D., Albany Medical College, 1886, of New York City.

DR. EPHRAIM CUTTER said: "*I show a Mesco*[2] *dry cell* which measured 1 $^{10}/_{30}$ volts and 1.5 ampères, and costs twenty-five cents retail. It is no trouble to run, and will last two months of ordinary usage. Strip off the insulation from the ends of ordinary copper conductors three or five feet long so that the ends may be put on the poles and the other around shanks of silver teaspoons. The Mesco is then ready for use as in a case of acne rosacea, which disfigured the face of a temperance man and had resisted treatment for years. Reasoning from the fact that, in my galvanism of uterine fibroids, both electrodes five inches deep through the abdominal walls into the fibroids, the carbon electrode always stuck and the zinc always was loose, after the current had traversed the

Fig. 1.—The Mesco Dry Battery.

fibroid five minutes, I felt that here was a chance to apply this principle to the dilated blood-vessels of the acne. I did not know then that others had cured such cases with electricity, going through the skin with

Fig. 2.—Students' Galvanic Battery.

needles; so I told the patient to put the bowl of the zinc spoon in his mouth and the bowl of the other spoon on to the acne, previously moistened with hydrogen dioxide, for ten minutes before going to bed.

[1] An informal joint-lecture to the Senior Class of the Medico-Chirurgical College, Philadelphia, April 6, 1900.

[2] Manhattan Electrical Supply Company, Cortlandt Street, New York City.

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He did the opposite for about two weeks, saying that the acne was made redder at the time of application, but next morning the skin was almost normal, showing the stimulus of biological galvanism. A cure was effected, and it remains to see if it is permanent. I think this dry cell is a boon, as now physicians can let their poorest patients have a battery of their own to use.

"*This is 'students' galvanic' battery* (Fig. 2);[1] costs eighty-nine cents, and when new will run a galvanocautery-wire. When physicians prefer a wet battery, this I recommend without any pay from the makers and without their knowledge, and I do so for this reason.

"Dr. R. E. Waite demonstrated to me five living hearts (mine one of them) with his x-ray apparatus, the best I have ever seen. The disks were frictionless and acted through the air. As I went home in the evening the idea was given to me to see if this galvanic battery would not run in the air, like the glass static plates; so I took a drachm vial, filled it with water acidulated in nitric acid, and through the cork I ran an iron pin and a lead pin, which I connected with the poles of the students' battery; immersing the plates in the electropoion fluid, which I thought all used up, made the gases of electrolysis appear on the iron and on the lead; I let it run perhaps five minutes, then took the plates out of the fluid until the next morning, when the lead was all dissolved and the iron partly dissolved, proving the presence of electrolysis through the air. This has been repeated before a witness.

"Now, here is a new idea to me, going to show how dry batteries and thunder-storms act. That is, the air acts as a cell. I am thus more inclined to commend this galvanic battery because years ago the very eminent physician and physicist Prof. Louis Elsberg, of New York, said that, when electricity did good twenty times, galvanism did it nineteen and faradism did it once. I have found this true, and have since thought that had galvanism in place of faradism been introduced to the medical profession nineteen times more good would have been done.

"FOOD-PRIMER. — 1. What are human foods?

"*Answer*: Things to build up tissues; to replace those diseased; to sustain life biologically.

"2. How may foods be divided?

"*Answer*: Into organic, inorganic, and psychical.

"3. From what kingdoms come foods?

"*Answer*: Animal, vegetable, mineral, and intellectual.

"4. In what sense is vegetable used here?

"*Answer*: As botanic.

"5. What are some mineral foods?

"*Answer*: Air, water, and common salt.

"6. Why is air food?

"*Answer*: It is indispensable to life; it enters into the composition of many tissues and organs and notably the blood. Three thousand years ago air was deemed a food; so also music, consisting of air in vibration, was deemed a food, but rather of psychical nature.

"7. Are all foods alike healthy?

"*Answer*: Some are and some cause diseases.

"8. How is this found out?

"*Answer*: By feeding one food alone and seeing its results.

"9. Are there any common foods deemed healthy which are found in excess to be unhealthy?

"*Answer*: There are.

"10. What is one?

"*Answer*: Common sugar.

"11. What disease has it been known to produce?

"*Answer*: Cataract.

"PRODUCTION OF CATARACT.—In 1859 Dr. S. Weir Mitchell caused cataracts in both eyes of frogs by putting them in saturated watery solution of sugar for one hour's time.

"Later Sir Benjamin Ward Richardson, of London, did this. In 1889 I asked him:

[1] Manhattan Electrical Supply Company, Cortlandt Street, New York City.

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'Did you and Dr. Mitchell induce cataracts in both eyes of frogs and guinea-pigs after a lapse of twenty minutes by an hypodermic injection of a teaspoonful of saturated solution of common sugar in water?' This was Dr. Richardson's reply: 'In ten minutes, and other things will do it just the same. What makes you remember that?' I said: 'It is one of the greatest discoveries of the nineteenth century.' Later the writer did the same, and under the microscope found oil and fatty granules in the frogs' cataractous lenses. The hypodermic method was not so easy as the immersion method, because the skin is rather too tight to receive one teaspoonful of the liquid. I might have brought a frog here and repeated the experiment for you, but it seems not needed, for, if the words of Drs. Mitchell and Richardson and myself cannot be taken, then there is no use to try these tests. If anyone doubts, he can make the test himself.

"Now that the medical summing up of the century has left this out, it is well to mention here why I was interested in this original work. While a medical student I thought that as I should never write more than an inaugural thesis for graduation, I would make it the best I could; so, when I wrote on "Osmosis," I included some new observations and studied the nutrition of crystalline lenses, particularly codfish. I also found the morphology of the human lens as the books had it. Later the subject of foods attracted my attention, and I published my views as to common flour (mostly starch) causing eye diseases. I have never seen this work controverted. Next I was taught that nine-tenths of the eye diseases came from improper feeding. Dr. Hasket Derby, of Boston, a fellow 'medic.' of my day, told me that most ocular diseases came from dyspepsia. I asked him what was the essence of cataracts; he said a degeneration, but the kind he knew not. I then obtained a dozen cataractous human lenses from Boston Eye and Ear Infirmary. Knowing so well the normal lenses, it took but a few minutes to see that the degeneration was fatty. The different kinds of cataractous lenses did not trouble me, because organic chemistry had taught me that these were all forms of fatty acids. I photographed these fatty degenerations and have shown them to many medical men since 1876.

"*Treatment.*—By treating eye cases mainly by excluding sugar and other carbohydrates from the food I have in man arrested cases of amaurosis. Some years ago the Rev. Dr. ——, 72 years old, came to me and said that the oculist had told him he had amaurosis, and that he would be blind, and that he must not preach any more, as it would only hasten the blindness. 'Can anything be done for me?' I told him it was a great deal to run tilt against the eminent gentleman who had made the diagnosis and prognosis, and that it was out of my line, but, as he was an old friend of my father, Dr. B. Cutter,—now dead,—and that his case of hopelessness was a fine field for anyone to explore, I would say that if he would eat two-thirds animal food to one-third vegetable food, giving up the use of sugar, sweets, cakes, pies, candy, and all confections, I thought he could preach when he had a chance and that his disease would grow no worse. I wished him to understand that it was an experiment which might fail. I think it was four years later that I saw him in Boston in Park Square, just getting off a horse-car in the midst of teams and people: a bad place for a blind man. I wildly gesticulated and spoke to him. He said that he could see me and had the day before preached to 'the spirits in prisons'; that is, in the Massachusetts State Prison. Shortly after this he died of peritonitis.

"Some time ago I was walking the streets of my native town, and met a man in whose family my father and I had doctored for fifty years. He was down-cast and sorrowful. 'Hello, Colonel, how are you?' 'Not very well; the oculist says I am to be blind,' and on questioning him further I found that his disease was amaurosis and that he wanted to get well. I told him of the foregoing case

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whom he had known. A year or so later I met him and found that he could see without glasses. Later another native told me that the colonel was cured by Boston doctors, who therefore got credit for doing what they said they could not do and did not do.

"Mr. ——, 87 years old, complained of his eyes. Placing him in a chair before the window, I examined his pupils with an object-glass of a 1 1/2-inch ocular of microscope (there is so much sheen from the cornea that the image of the pupil is obscured, but, on turning the eye about, the sheen will be averted and the healthy pupil will appear black as broadcloth; a fully developed cataract is wholly white or whitish opaque; an incipient cataract will be amber color, ash color, ground-glass color with a greenish tinge, etc.). I found both lenses like green ground glass. Treated on these plans for a year there was hardly a trace of cataract. He asserted that his eyes were well, and I agree with him.

"In 1898 Mrs. ——, 66 years old, complained of her eyes, which were of different vision, and feared blindness. Examinations long conducted showed albumin, fatty epithelia, false and true casts in urine; also free subdermal oil in blood-specimens and fat in the leucocytes. Ground-glass lenses in both eyes. She was treated for fatty degeneration on the plans aforesaid mostly, the symptoms disappeared, and her eyes, though not restored, are useful means of communication with the world.

"Mrs. ——, 42 years old, with signs and symptoms of the last case, besides uterine disease, was treated, with the result that the lenses cleared up, but not wholly, as she went to New Mexico and gave up treatment. I have heard from her, and nothing was said about her eyes, and judge them not to be much worse.

"Mrs. ——, 42 years old, with ash-colored lenses, great pain in the eyes, and headache, had to use glasses for astigmatism. Eyes proved by an expert oculist to be cataractous; also had stigmata of fatty degeneration in blood and urine; treated, with the result that two years later the headaches were gone and the lenses nearly normal.

"Woman, aged 25; severe keratitis in left eye; much pain and distress; eye bloodshot. All the stigmata of Bright's disease were present scantily. Under the treatment the ulcer entirely cured. On the day of the dedication of Grant's tomb, which was very cold, windy, and dusty, she went on a bicycle-trip, picnicked on the cold ground, became chilled, and trouble again lighted up in the eye. This history is a good study of cause and effect.

"A young lady graduate of Oberlin College was introduced to me while on a visit to New York, and, though bright and intelligent, she kept wrinkling up her eyes as if in distress under her glasses. On inquiry I learned that she was suffering from astigmatism. I bluntly asked her if she wanted to be cured. Receiving an affirmative reply, directions were given as before for diet. Two months later, meeting her, I had forgotten her and this 'bow at a venture,' and was therefore much surprised to have her jump up and all but take me in her arms, saying: 'My eyes are all well, my headaches are all gone; I do not have to wear glasses.' No wonder she was enthusiastic.

"I present these case-histories as illustrating the possibilities of systematic systemic treatment, and therefore proof that some of the cases of serious eye-lesions are curable."

Dr. John A. Cutter said: "I speak with some diffidence to-day, as, in the first place, I did not know I was to be called upon till the present moment, and, next, it is only fifteen years since I was a medical student like you of this class. Therefore please make allowances for what I may say.

"Dr. Shoemaker wishes me to talk to you on cancer and diabetes. These are two tough problems which one has to meet in the practice of medicine. I will give you a practical case. In 1890, while my father was at the Berlin International Congress, one of his patients who had been cured some ten years before of asthma consulted me, saying that she had a cancer of the right breast. I found

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a hard, flat tumor three inches in diameter, which an eminent surgeon of Boston had said must be immediately removed because of its cancerous nature. The lady in question was aged about 55; a keen, smart, New England woman; in fact, a professional philanthropist wasting her energy on the work of reforming the world. Directions were given her to drink hot water an hour before meals, and eat broiled beef with but little vegetable food; attention was paid to baths and simple tonics. She was heartily scolded for wasting her energies on outside matters, emphasis being laid that such foolish effort had much to do with her 'cancer.' The cancer entirely disappeared in six months' time and has not returned. Now, it will be said this was not a cancer; there is no objection to anyone making such a suggestion, but we are still confronted with one of two conditions: either some cancer is curable by systemic means of treatment or all cancer is not cancer, and where are we at? At any rate, there is hope for the patient suffering from cancer so called. I might give you much more evidence of the bright and dark sides of the management of these cases, but time does not permit.

"As to diabetes, it is not well for us to ignore the opinions of laymen. Victor Hugo, in 'Les Miserables,' called attention to the kinship of consumption and diabetes, and to the causative element of feeding sugar in producing the two troubles.

"In 1888 I attended the annual convention of the Kentucky State Medical Society at Crab-Orchard Springs, and while chatting with a brilliant physician of Louisville I heard him severely criticise one of his associates, who had made a diagnosis of tuberculosis, in the person of a rich stock-raiser, who later died of diabetes, as witnessed by post-mortem. My personal experience has led me to believe that the two diseases do run very close to one another. A family instance is pertinent to the subject. A case came under our care seven years ago of a young man whose urine was of a specific gravity of 1.060 and was heavily loaded with sugar. The liver-dullness was more than double. The patient was weak, and withal he had the care of wife and child and little money to do with, as his inheritance from a grandfather had been wasted by his father. This case was fed on broiled chopped beef, eating from two to three pounds a day, hot water before meals; beef was seasoned to taste with pepper, salt, and butter; some celery; also some tea or coffee if desired.

"The urine came down to 1.028, with but a small trace of sugar. General health improved; the patient would occasionally 'spree' it on ice-cream and other foods, with the result of bringing back more sugar. It is sad to relate that, going West, he died in Denver, Col., of diphtheria, a brother later dying of tuberculosis in California. I know of cases of diabetes who have been permanently relieved.

"Enlarge your dietary as fast as you can, but you must go by the examination of the urine, and not by the patient's feelings; therefore do not fail to study the effects of various foods upon the progress of the case. Make your food as palatable as possible. Beef is far superior to milk in making more nerve and tissues, with the least expenditure of nerve-force in digestion. Milk is much liable to clog the liver.

"Let me state clearly the preparation of the broiled chopped beef:—

"Buy the first-class top of the round of animals which have been killed at the age of about four years and not overdriven just before death. Butchers know what such beef is. With an Enterprise Chopper No. 10, Old Style, remove the white, fibrous tissues from the muscle-pulp (the new machine chops up all the meat and fibrous tissues); these fibrous and colloid tissues ferment, and must be disposed of. This is done by cutting the beef into pieces one by three inches, and running them through the machine. When the machine clogs at the end, unscrew the ring and clear out the white, fibrous tissue, which has to be thrown away. It is generally necessary to run the red meat through again, and sometimes even

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three times in all. Mold this red muscle-pulp (not too firmly together) into a cake about one and one-half inches in thickness, and several inches wide, and broil over a bed of good live coals, or a gas-stove, turning often. In preparing the beef do not touch it any more than is necessary with the hands, as the human animal heat changes the character of the beef. If the beef is good and rightly prepared and broiled, it will be of a dark-brown color on the outside, and when opened will be reddish, but not raw, on the inside; best served on a hot-water plate. It is quite an art to prepare this rightly, and, if attention is not paid to all the details as to buying and preparation, the result is not good. If everything, however, is right, the result is very palatable. It can be seasoned to taste with pepper, salt, not too much butter, Worcestershire sauce, horse-radish, or lemon-juice, as desired.

"I maintain that broiled chopped beef is the best of all beef foods. The appetite occasionally palls, and you can go off on other preparations; but remember that the standard of progress is determined by the study of secretions.

"One word on locomotor ataxia. This grave lesion, which changes normal nerve-tissues to fatty and fibrous tissues, was fifteen years ago considered to be incurable; yet a man whom we students used to know as ataxic is now living in fair health with a much better gait. To-day the profession considers it a curable disease. The means of treatment are mostly hygienic and dietetic. It is possible to replace degenerated tissues by normal nerve-tissues, but the fight is a long one. These cases require close feeding on broiled chopped beef, with, of course, close attention to the general hygiene of the body. You have got to wait on Nature and get close to her in your management.

"I only this week examined a case of a gentleman, aged 55, with well-marked ataxia. Thirty-five years before he had suffered from an attack of syphilis; he had considered himself cured; at least a number of physicians so termed it. Examining his blood under a microscope I found dancing, automobile spores, which, by a few physicians, are believed to be positive signs of syphilis. I could not help thinking, when looking at this man and his blood-specimen and considering the enormous amount of work he had done as a merchant, that he had been severely punished for the folly of his youth. In such a case the use of Lilly's succus alterans, with general treatment, should be of value."

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120 BROADWAY, NEW YORK.

Original Communication.

TWO COMPLICATED BREECH PRESENTATIONS.

BY L. NAPOLEON BOSTON, M.D.,

Bacteriologist to the Philadelphia Hospital and to the Ayer Clinical Laboratory of the Pennsylvania Hospital; Instructor of Obstetrics in the Medico-Chirurgical College.

THE object of the writer in presenting this report is to deal with certain complicated breech presentations, which the physician may encounter, as well as their treatment.

Case No. I.—Mrs. B., age 33, multipara; menstrual history indefinite, and the only signs of pregnancy present were abdominal enlargement and quickening. On account of the thickness of the abdominal parietes, it was impossible to determine, by palpation, the presentation or position of the child. No fœtal heart-sounds could be detected, and, since an eminent gynæcologist assured the patient that her abdominal distension

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was due to an ovarian cyst, the diagnosis became the more uncertain. No vaginal examination was allowed. Two hours later she developed a profuse vaginal hæmorrhage, and on reaching the patient she was found still bleeding. Vaginal examination revealed the presence of a portion of the placenta, two fingers' size, protruding from the cervix, which was returned into the uterus, and the vagina was thoroughly packed with sterilized gauze. All hæmorrhage was arrested for twelve hours, when the first real labor-pains were noticed. The gauze was expelled from the vagina and it was impossible to reach the presenting parts of the fœtus with the examining finger; the portion of the placenta now outside the cervix could not be returned. The hand was carried into the uterus, when it was found that the fœtus presented by the breech, which occupied the left iliac fossa, sacrum anterior; the legs were extended over the abdomen in such a manner that a foot rested on each respective clavicle; the arms were folded over the legs. The feet were now brought into the cervix, anterior first, after which all bleeding was arrested by the pressure offered by the presenting part. Pains were strong and the labor was allowed to progress as a normal breech presentation. The placenta immediately followed the birth of the head.

The treatment was quinine sulphate, gr. ij, every three hours. A piece of gauze 4 x 8 inches was wrung from a solution of bichloride of mercury (1 to 2000) and placed over the vulva on which the napkin was arranged. This procedure was repeated whenever the napkin was changed. The writer regards this as a most valuable precaution in the prevention of infection after delivery. The patient made an uneventful recovery, and both mother and child were discharged on the tenth day.

Case No. II.—Mrs. V. B., aged 32, multipara, was being attended by a midwife when a foot was seen to protrude from the vulva. On reaching the patient, the child's body was born, its ventral surface anterior, and the arms were extended along the sides of the head.

The first step in the treatment was to pass the index finger over the child's clavicle and reach the elbow with the tip of the finger, when the right arm was swept around the brim of the pelvis and delivered under the pubes. The left arm was delivered in a similar manner. An attempt to deliver the head resulted in the chin's becoming extended and locking over the symphysis pubes; and in order to release it two fingers were carried over the perineum, making firm upward pressure to elevate the occiput, at the same time favoring flexion of the chin; the body of the child being carried toward the mother's back, when the chin, face, and forehead were born under the pubes.

Rotation of the chin anterior, in breech presentations, is rare and probably caused by prolapse of the posterior leg; yet it deserves equal attention with other faulty mechanisms. Stress is placed on the methods for delivery of the after-coming head; but where the chin becomes locked over the pubic bone the recognized treatment is to carry the body of the child forward on the mother's abdomen, and to force the occiput to be born, first, over the perineum. In this and one other instance I have been unable to deliver the head in this manner, while delivery was affected after the former method, with safety to both mother and child.

Another complication of serious moment was that of concealed hæmorrhage made manifest by yawning, dimness of vision, and a weak, rapid pulse. The uterus appeared fairly-well contracted, but on entering the organ the hand met with a mass which proved to be a detached placenta; behind which the blood had extravasated and forced it over the os. The membranes were ruptured at the margin of the placenta, which was grasped by the hand and hastily delivered; after which the uterus contracted firmly and arrested all bleeding. A small portion of the fœtal membranes was deliv-

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ered with the placenta, and it was necessary to separate the remaining membrane from the uterine wall with the index finger. This mass, when removed, formed a cast of the lower half of the uterus. During the symptoms of shock, strychnine sulphate, gr. $^1/_{30}$; whisky, fluidrachm ij; fl. ext. ergot, fluidrachm j; and external heat were administered. Quinine sulphate, gr. ij, and strychnine sulphate, gr. $^1/_{40}$, were given every three hours during the puerperium. Patient was allowed to sit up on the twelfth day, since which time she has taken sole care of her child.

1524 Snyder Avenue.

Abstracts.

A Case of Persistent Verrucous Urticaria.

Dr. J. V. Hieleman publishes an account of the case of a woman, 46 years of age, who had suffered for ten years from a trouble which began with an intense itching of the arms and feet. The itching gradually extended to every part of the body. At the same time there developed upon the affected regions an eruption of wheals which, for the most part, soon disappeared. Some, however, persisted and became transformed into verrucous tumors and continued to itch. Some of the warty growths disappeared spontaneously, but others arose to take their place. The external borders of the arms and feet were particularly affected. Upon the forearm and left hand were about seventy verrucous outgrowths from the size of a hemp-seed to that of a cherry. About a dozen were situated upon the abdomen, back, and nucha. The thorax was free. There were a few upon the face. There was also a slight factitious urticaria. There was dullness at the apex of the left lung with bronchial respiration. The microscopical examination of the verrucous excrescences showed thickening of the horny layer. The stratum lucidum and the stratum granulosum were much thicker than normal. The reticulum was hyperplastic, and the papillæ were very much enlarged. In the skin, particularly in the papillæ and subpapillary layer, was a thick infiltration of small cells. In the deeper layer of the integument and around the sudoriparous glands was a similar, but less abundant, infiltration. Between the cells of infiltration was a number of fat-cells. Local treatment was of but little avail. Arsenic internally produced some amelioration.—Le Progres Médical.

Total Suppression of Urine for Seven Days Without Uræmia.

At a meeting of the Medical Society of the Hospitals M. Louis Renon spoke of a complicated case which he had observed in which, contrary to all probability, notwithstanding the existence of many causes of uræmia, that condition was absent, although there was complete suppression of urine for seven days. The patient having succumbed several days later with symptoms of pseudo-bulbar paralysis on the third day of a second attack of suppression, the autopsy revealed a veritable pathological museum. There were cerebral softening, uric-acid calculi in both kidneys, hepatic cirrhosis, myocarditis, and chronic aortitis. With such lesions it seemed that a patient should perish rapidly upon complete cessation of elimination by the kidneys, but nevertheless he survived for seven days without the least sign of trouble and appeared to have finally died from the cerebral softening rather than from the second crisis of anuria. The case lends support to the ideas promulgated relative to the complexity of the factors causing uræmia, of which the explanation is yet far from being satisfactory.—Le Bulletin Médical.

Complete Retention of Urine in Gonorrhœa and Rupture of the Urethra Without Stricture.

At a meeting of the Medical Society of the Hospitals M. Danlos exhibited the urethra of a patient, 34 years of age, a lighter-

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man, who had died from abscess of the brain shortly subsequent to an attack of gonorrhœa. The interesting points of the case are as follow: 1. During the course of the gonorrhœa, which was his third attack, complete retention of urine occurred. 2. In the unsuccessful attempt to pass urine the patient had made such violent efforts that he had ruptured the urethra in the penile portion, a little nearer to the root of the scrotum than to the meatus. 3. There was no stricture of the canal.—Le Bulletin Médical.

Gonorrhœal Myositis.

Among the various complications which may be produced by gonorrhœa myositis is comparatively rare and little known. Eichhorst has observed a case of the kind in the person of a man, 56 years of age, who, in the course of the third week of an acute clap, entered the hospital on account of a painful swelling on the external surface of the right thigh. At about the middle of this surface was a deep induration, parallel to the length of the limb, fusiform in shape, extremely painful to the touch as well as upon the least movement, spontaneous or provoked. The induration corresponded to the situation of the tensor vaginæ femoris. The skin above the tumor was mobile and preserved its normal aspect. There were no constitutional symptoms, but when the induration first appeared the temperature had risen to 38.2° C. (100.7° F.). The swelling persisted without change for fifteen days, and then disappeared gradually, together with the functional symptoms by which it had been accompanied. From an analysis of similar cases which have been published, especially in France, the author demonstrates that this myositis is encountered during both the acute and chronic stages of gonorrhœa; that it nearly always affects the muscles of the lower limbs, producing intense pain and functional impotence of the member, and, finally, that the myositis is very probably due to the direct invasion of the gonococci, which explains the absence of suppuration in the cases hitherto observed.—La Tribune Médicale.

Hæmorrhage from the Stomach Without Lesion.

Dr. Reinhard has reported three cases of hæmorrhage from the stomach where there was no lesion of that organ. The first of these concerned a man, 50 years of age, who, for three months, had presented the signs of obstruction of the ductus choledochus. Laparotomy having revealed dilatation of the gall-bladder and biliary ducts, but no calculi, the gall-bladder was attached to the jejunum. Everything went well for five days, but on the sixth there occurred an abundant intestinal hæmorrhage, which returned upon the following days, and the patient perished on the eighth day with the symptoms of acute anæmia. At the post-mortem examination the stomach and bowel were found full of blood. The papilla of Vater was enveloped in a fibrous mass, probably of cancerous origin. Notwithstanding the most careful search, it was impossible to discover the source of the hæmorrhage. The icterus which this patient had exhibited for three months might, perhaps, explain the hæmorrhage in this case, but it would not apply to the other cases. One of these others was a young woman who had the history of a gastric ulcer and was brought to the hospital on account of profuse hæmatemesis which had endangered life. She was operated upon under chloroform. The stomach was full of blood, but the most attentive exploration failed to reveal any trace of an ulcer. The abdominal cavity was packed with gauze, and a tube passed into the duodenum through which she should receive nourishment. The hæmorrhage did not recur, but the patient nevertheless died of anæmia. At the necropsy an old cicatrix was found upon the small curvature, but no ulcer or even erosion. The second case was identical with the preceding. This patient was also a woman who died after tamponing of the abdomen, and at the autopsy not even

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an old cicatrix could be detected.—La Tribune Médicale.

Venous Thrombosis in Chlorosis.

The above affection is comparatively rare and little known. Dr. Leichtenstern has personally observed twelve cases, and has analyzed in his paper all the other cases which he has found recorded in the literature. Eliminating doubtful cases he has collected 86 instances of pure chlorosis attended by thrombosis.

The frequency of this association has been variously estimated. Eichhorst places it as 1.6 per cent. and von Noorden at 2.00. These figures appear exaggerated to Leichtenstern, who, out of 1653 chlorotic patients under his charge during a service of twenty years, had witnessed venous thrombosis only in 11 cases; that is, in a proportion of 0.06. He refers only to those in which the thrombosis had manifested itself by clinical signs, such as œdema, pain, and phlebitis, and had rendered the diagnosis certain. Sometimes, indeed, thrombosis exists in a latent form, and is only discovered at the autopsy after the patient has died of pulmonary embolism, or it may have shown itself solely by pain, to which generally no attention had been paid. When these facts are taken into consideration, it may be admitted that in chlorosis venous thrombosis exists in 1 per cent. of the cases. Pregnancy, obesity, and hæmorrhage seem to constitute its predisposing causes.

Of the 86 cases collected by the author, thrombosis occurred 52 times in the limbs (48 times in the lower limbs) and 15 times in the sinuses. This frequency of thrombosis of the sinuses is altogether peculiar to chlorosis. The affection is generally mortal, although, when it is not widely extended or occupies a comparatively unimportant sinus, recovery may take place. The seat of election of thrombosis in chlorosis, however, is the veins of the lower limbs. Of the 86 cases, thrombosis was present 26 times in the femoral vein and 25 times in the veins of the leg.

From the diagnostic point of view, it is necessary to know that very often thrombosis of the leg in chlorosis manifests itself only by pain or even a sensation of fatigue. If attention is not paid to this circumstance, the patient will be exposed to the formation of pulmonary emboli, followed by death. In 10 cases personally observed by the author this variety of embolism occurred twice.

Out of 52 cases of thrombosis of the lower limb collected by the author, it was noted 10 times with 8 deaths. Venous thrombosis is generally accompanied by an elevation of temperature. Out of the 10 cases of thrombosis of the lower limb observed by Leichtenstern a continued or remittent fever, ranging from 38° to 39° C. (100.4° to 102.2° F.), lasting from one to four days, was observed in 8 cases. In thrombosis of the sinuses the temperature was normal at the beginning or slightly elevated, but rose before death perhaps as high as 40° or even 41° C. (104° to 105.8° F.).

As regards the pathogenesis of the thrombosis, Leichtenstern attributes it to the combined action of three factors: 1. The diminished impulsive power of the heart. 2. Disturbances of the nutrition and modifications of the structure of the internal tunic of the vessels. 3. The abnormal destruction of the corpuscles of the blood, with liberation of the fibrin-ferment.—La Tribune Médicale.

Two Cases of Sensorial (Auditive) Epilepsy.

Dr. M. de Fleury reports two cases of sensorial epileptic aura presenting some interesting features. It is necessary to remark that in both cases gastro-intestinal symptoms appear to have played a large part in symptomatic manifestations. Both patients, when first examined, had an enormous dilatation of the stomach with hypohydrochloric dyspepsia and abnormal fermentation. Both suffered from depressed nutri-

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tion, low arterial tension, very moderate activity in the reduction of oxyhæmoglobin, and very little effective energy. In the treatment of one massage of the stomach and irrigation were obviously beneficial. By means of the aura the attacks could be anticipated and averted. The second patient had but a single seizure, which will probably not be repeated.—Revue Hebdomadaire de Laryngologie, etc.

Metrorrhagia from Sclerosis of the Uterine Arteries.

In drawing attention to the above subject Dr. Simmonds says that he has been struck by the fact that in autopsies of women over sixty years of age, whatever may have been the cause of death, it is found in about a third of the cases that the mucous membrane of the body of the uterus is covered with extravasated blood. Upon section it is found that the blood is not limited to the mucous membrane, but that it penetrates to a certain extent between the muscular fibres, recalling, by their distribution, the "apoplexies of the uterus" very exactly described by Cruveilhier and subsequently by Rokitansky. A special feature of these hæmorrhages is that, notwithstanding the size of the foci, the cavity of the womb never contains blood, but, at most, sanguinolent mucus. As these hæmorrhages are met with in women who have not died of infectious disease or of a cardiac or pulmonary affection or a local lesion of the womb, it is to be presumed that they originate in disorder of the local circulation. In fact, a careful examination of the preparations shows that in all these cases there are two factors: 1. A distension by the blood of small veins and capillaries in the vicinity of the hæmorrhagic foci and resembling hæmorrhagic infarcts. 2. An advanced and very accentuated sclerosis of the uterine arteries. This sclerosis has the following characteristics: The wall of the arterioles is thickened, and this thickening is especially at the expense of the internal coat, which becomes rough and contains neoplastic fibres and elastic tissue. The middle coat presents spots of hyaline degeneration and abundant calcareous deposits which, in places, reach the inner tunic and sometimes form actual rings. These pathological alterations render the vessels very friable and lessen their contractility, so that under the influence of some temporary cause they permit hæmorrhage. Such a temporary cause must be frequent, since the hæmorrhage in question is observed in about one-third of the cases, and is, according to the author, debility of the heart and reduction of the blood-pressure occurring shortly before death. In support of this view he refers to the fact that the hæmorrhages have all the appearances of being recent: *i.e.*, in the color of the effused blood and absence of pigment and residues found in old hæmorrhagic foci. He arrives at the conclusion that the uterine apoplexy of Cruveilhier is a phenomenon occurring before or during the death-agony, and therefore possessing no clinical significance.

Another question touched upon by Dr. Simmonds is whether certain cases of incoercible metrorrhagia of the menopause are not likewise due to sclerosis of the uterine arteries. In support of this opinion he cites four cases from the clinic of Leopold, in which, after the failure of the ordinary gynæcological methods, recourse was had to hysterectomy. In these four cases the mucous membrane was healthy, and the only lesion detected in microscopical sections was sclerosis of the uterine arteries. Sclerosis, without other lesion of the womb, was recently observed by Dr. Simmonds in a similar case to those of Leopold in a woman of fifty-five years operated upon by Lomer. He is of the belief that there exists a metrorrhagia of the menopause dependent upon sclerosis of the uterine arteries. The detection of the cause of such hæmorrhage must be made by exclusion; that is, sclerosis should be suspected when there is no other explanation and when the usual therapeutic procedures are in vain.—La Tribune Médicale.

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Supplementary Pancreas.

At a meeting of the Biological Society M. Letulle reported that he had met with supplementary pancreatic glands 6 times in 200 autopsies. These particularly affected two tyes, sometimes of small tumors attached to the anterior surface of the duodenum and having no connection with the principal gland; at other times of small submucous masses in the duodenum which might be considered as carcinomata or adenomata. The microscope showed that they were constituted by an excretory duct and acini identical with those of the pancreas.—La Tribune Médicale.

Therapeutic Notes.

Exophthalmic Goitre.

According to Paulesco, cited by the Canadian Practitioner and Review, the sulphate of quinine was personally administered with remarkable results, arising from its influence in producing vasoconstriction of the vessels of the head and neck. Fifteen grains of it are given at night after supper, and again a quarter of an hour later. This treatment decreases the tachycardia and diminishes the exophthalmos and the size of the goitrous swelling.

Agreeable Creasotal Mixture.

Professor Zoltan has devised the following combination as an elegant and not disagreeable form of administering creasotal:

℞ Creasotal, 15 g.
Oil sweet almonds, 15 g.
Acacia, 15 g.
Water, 15 g.

Mix, make an emulsion, and add:—

Peppermint-water, 100 c.cm.
Syrup of orange-peel, 15 g.

This mixture will last about three days.—Practical Druggist and Review of Reviews.

Acute Enteritis.

Ewald recommends:—

℞ Resorcini, 5.
Bismuthi salicylatis, of each, 15.
Tannigen,
Sacch. alb.,
Sodii carbonat., of each, 20.

M. ft. pulv.

Sig.: A small teaspoonful every two hours.—Medical Record.

Incontinence of Urine.

"Incontinence of urine in children can be relieved by the fluid extract of collinsonia," writes Dr. M. G. Price, of Mosheim, Tenn., in the Medical Summary.

Tetanic Uterine Contraction.

℞ Tinct. of iodine, 15 minims.
Alcohol, 30 minims.

M. Sig.: Five drops in half a tumblerful of hot water every half-hour.—Merck's Archives.

Epilepsy.

Dr. W. R. D. Blackwood, of Philadelphia, writes to the Medical Summary that he has had excellent results in the treatment of epilepsy with the following:—

℞ Bromide of strontium, gr. lx.
Elix. curaçoa, ʒiij.

M. Sig.: A teaspoonful in water four times a day.

℞ Lactate of tin, gr. xl.
Elix. curaçoa, ʒiij.

M. Sig.: A teaspoonful in water four times a day.

Alternate these formulas weekly. Apply a current of galvanism descending from the forehead to the sacrum daily, of from 10 to 50 milliampères, for a half-hour.

Santonin in the Treatment of Epilepsy.

G. Frank Lydston, of Chicago, after twenty years' experience in prescribing santonin for epilepsy, arrives at the follow-

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ing conclusions: (1) upon the average, epileptic patients show better results under santonin than under the bromides; (2) santonin acts well in cases in which the bromides for one reason or other are not tolerated at all; (3) santonin gives distinctly beneficial results where the bromides fail altogether; (4) santonin is free from injurious effects, which cannot be said of the bromides. If santonin is given in the dosage prescribed by text-books on materia medica and therapeutics, only disappointment can result. The author's custom is to begin in the adult with a dose of from 2 to 5 grains of the powdered drug, uncombined. The dose is gradually increased up to the point of tolerance. Many patients tolerate 20-grain doses three times daily for some weeks. As a rule, the dose is gradually increased to about 15 grains three or four times daily. The best criterion of the tolerance of the drug has been its action on the genito-urinary tract. Coincident with an intensely-yellow coloration of the urine is a varying degree of irritation of the kidney and of the mucous membrane of the bladder; frequent and painful micturition is the most important clinical feature. Caution is necessary in the administration of so powerful a drug. Bromides may be given in conjunction or alternation with the santonin.—Medical Review.

Gelato-glycerin Bougies in Earache.

Richards states that further experience has convinced him more than ever of the value of gelato-glycerin bougies in an early stage of acute otitis media and in acute otitis externa. They can be inserted in the ear without difficulty by simply washing off the lycopodium powder with which they are covered; they are then very slippery, and, with the affected ear uppermost, easily slip down into the canal. Here the bougie soon dissolves, the anodyne is brought directly into contact with the inflamed surfaces, and the pain is relieved. Besides being a medium for the exhibition of other remedies, the glycerin is of itself distinctly curative, in that it tends to draw out more serum from within and lessen the tension. After insertion the ear should be stoppered with absorbent cotton or gauze, and a lightly-filled hot-water bottle placed at the side of, or over, the ear. Many a case of acute earache in children will, if promptly treated in this manner, at once subside without going on to severe inflammation. The following formula is recommended:—

℞ Acidi carbolici, *m*vij.
Fluid ext. opii, *m*vj.
Cocainæ, gr. iij.
Atropinæ sulphatis, gr. iij.
Aquæ, *m*lij.
Gelatin., gr. xviij.
Glycerini, 3ii and gr. xxxviij.

M. Ft. bougies xlij.

After making they should be covered with lycopodium, and dispensed in a bottle, as they are hygroscopical. They should be no larger than will readily slip in the external canal. The size made in a urethral-bougie mold has proved satisfactory.—Journal of the American Medical Association.

Peroxide of Hydrogen in Chloasma.

Dr. L. Duncan Bulkley says that in chloasma the action of the peroxide is sometimes very satisfactory, but occasionally fails. To be effectual it should be very freely applied, and allowed to soak into the skin, by means of cotton soaked in it and laid over the surface for five minutes morning and night. It will cause somewhat of a desquamation, but this can be easily remedied by the use of a little lanolin-and-rose ointment or by a borax-and-glycerin lotion.—New York Medical Journal.

Compound Guaiacum Pastilles.

Dr. Richard B. Faulkner, of Pittsburgh, Pa., gives the following formula in the Laryngoscope:—

"*Compound Guaiacum Pastilles.*—Powerful local alterative. Each pastille contains:

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Resinæ guaiacum, 2 grains; morphia bimeconate, $^1/_{100}$ grain; tincture of aconite radicis, 2 minims; oil of cinnamon, $^1/_{14}$ minim; pulverized cinnamon, 1 grain; black-currant paste, q. s.

"The cinnamon disguises absolutely the taste of the guaiac, and, at the same time, adds to the therapeutic efficiency of the pastille. Guaiac, in this combination, is very pleasant, very potent, and very prompt in reducing the inflammatory engorgement in tonsillitis, acute pharyngitis, and in the removal of arthritic throat affection. The peculiar acid of black currants seems to enhance the efficiency of all these forms of pastilles, and the currant-jelly or paste renders the above formulas permanently plastic, soluble, and pleasant."

Asthma.

Dr. M. G. Price, of Mosheim, Tenn., writes in the Medical Summary:—

"We are accustomed to relieve our own case of asthma with oxalic acid. It is a fine expectorant:—

"℞ Oxalic acid, 3ss.
Infus. camellia, ℥vj.
Syr. aurant. cort., ℥ij.

"M. Sig.: Teaspoonful every hour."

Enuresis.

Dr. M. G. Price claims to have had much success with this rebellious trouble, and we give below one of the remedies used by him:—

℞ Tinct. belladon., gtt. v.
Ext. ergot. fluid., gtt. x.
Tinct. nucis vom., gtt. v.

M. Sig.: Repeat four times a day.—Canada Medical Record.

Myalgia.

℞ Extr. cimicifugæ fld.,
Extr. erythroxyli fld.,
Tr. guaiac. ammon., of each, ℥ss.

M. Sig.: A teaspoonful three times a day.—Medical Record.

Neurasthenic Debility.

A formula ascribed to Sir Andrew Clark by the Journal of the American Medical Association is:—

℞ Acidi phosphorici diluti, 3j.
Ext. cocæ fluidi, 3ss.
Ext. damianæ fluidi, 3ss.
Tinct. nucis vomicæ, *m*x.
Syrupi zingiberis, 3j.
Aquæ, q. s. ad ℥ss.

M. Ft. dosis.

Sig.: To be taken in water at 11 A.M. and 6 P.M.

Enteralgia.

℞ Spiritus ammoniæ aromatici, ℥j.
Spiritus chloroformi, ℥j.
Spiritus camphoræ, 3ij.
Tincturæ hyoscyami, 3iv.
Ext. cannabis Indicæ fluidi, 3j.
Tincturæ cardamomi comp., q. s. ad ℥vj.

M. Sig.: Two teaspoonfuls in water every hour or two until pain is allayed.—Journal of the American Medical Association.

Bright's Disease.

℞ Copaiba resin, 10 grains.
Diluted alcohol, 15 minims.
Spirit of chloroform, 10 minims.
Syrup of ginger, 40 minims.
Mucilage of acacia, 80 minims.
Water, to make 1 fluidounce.

M. Sig.: Tablespoonful, or the whole at a dose.—Merck's Archives.

Experimental and Clinical Investigations on Urotropin.

The above is the title of a paper contributed by Professor Arthur Nicolaier to the "Festschrift" of the twenty-fifth anniversary of the professorship of Professor Ebstein, of Göttingen. In this paper the author describes the physical and chemical properties of urotropin and its clinical application, citing the histories of a number

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of cases in which the remedy was successfully employed. Finally, the author briefly summarizes as follows the clinical observations embodied in his paper:—

"Urotropin is efficacious in affections of the urinary passages of various kinds and origins, in the treatment of the uric-acid diathesis, and also occasionally in phosphaturia. It forms an extremely valuable addition to our therapeutic resources."

Oxyuris Vermicularis.

The New Yorker Medicinische Monatsschrift says that Sidney Martin has obtained a favorable result in many cases of seatworms by the use of small doses of rhubarb, his formula being:—

℞ Tinct. rhei, gtt. iij.
Magnes. carb., gr. 1/3.
Tinct. zingib., gtt. j.
Aq. dest., ʒiij.

M. Sig.: This dose should be given three or four times a day.

To Prevent Loosening of the Teeth.

℞ Tannin, 120 grains.
Tincture of iodine, 60 grains.
Iodide of potassium, 15 grains.
Tincture of myrrh, 75 grains.
Rose-water, 3000 grains.

M. Sig.: A spoonful in half a tumbler of water for a mouth-wash.—New York Medical Journal.

Diphtheria.

In one of a series of articles on "Therapeutic Suggestions" in the Wisconsin Medical Recorder Dr. Edward C. Rothrock, of Tennessee Colony, Texas, states that in diphtheria the following has an excellent effect:—

℞ Pilocarpine muriate, gr. ss.
Pepsin, gr. xx.
Acid. muriatic., gtt. ii to iv.
Aqua, ʒij.

M. Sig.: One to 2 teaspoonfuls in wine every one to three hours.

Pulmonary Tuberculosis.

In an article on "The Treatment of Consumption," in the International Medical Magazine, Dr. W. Blair Stewart, of Atlantic City, N. J., says: "The basis of my treatment rests on a formula, which is frequently modified, as follows:—

"℞ Guaiacol carbonatis, gr. xv.
Strychninæ sulphatis, gr. j.
Resinæ capsici, gr. iij.
Ammonii chloridi,
Quininæ bisulphatis, of each, gr. xxx.

"M. Ft. capsulæ No. xxx.

"Sig.: One every four hours."

Heart Disease with Arteriosclerosis.

The New Orleans Medical and Surgical Journal cites the following formula of Dr. Carrieu's, of Montpelier:—

℞ Potassium iodide, 8 to 15 grains.
Sparteine, 1 1/2 grains.
Julep, 3 ounces.
Syrup of bitter orange-peel, 1 fluid-ounce.

To be taken in the course of a day.

Fatty Heart.

Dr. A. Robin recommends the following:—

℞ Sodii arsenatis, gr. 1/64.
Potassii iodidi, gr. 3/4.
Pulv. nucis vomicæ, gr. 1/8.
Pulv. rhei, gr. 3/4.
Ext. dulcamaræ, gr. iss.

M. Ft. pil. No. 1.

Sig.: One pill daily.—Journal of the American Medical Association.

For Senile Cystitis.

℞ Ext. hydrangea, ʒij.
Tinct. gentianæ comp., ʒiv.
Tinct. staphisagriæ,
Tinct. cannabis Indicæ, of each, ʒj.
Syrupi aurantii, q. s. ad ʒiv.

M. Sig.: A teaspoonful three times daily.—Journal American Medical Association.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
THE F. A. DAVIS CO., Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, May, 1900.

LUPUS OF THE EAR.

Lupus vulgaris is an interesting affection from the diagnostic point of view and on account of its pathological relationships. As its favorite locality is the face, we need not be surprised that it should, in some cases, extend itself to the external ear. An involvement of the middle, or internal, ear, however, is so little known that it has scarcely obtained recognition. We have been interested, therefore, in perusing a monograph upon this subject by Dr. G. Liaras, who has had the opportunity of studying some cases in the Otological Clinic of Bordeaux.[1] The writer had found in medical literature but two cases of lupus of the middle ear in addition to those reported by Brieger to the Congress of German Naturalists and Physicians in 1891. To this number he has added three cases observed in the Clinic of Dr. Moure. Hebra and Kaposi had stated that lupus of the face might attack the integument of the auditory meatus and reach the vicinity of the membrana tympani. It may then give rise to otitis media, perforation of the drum, and disturbances of hearing. Lupus may involve either the external or internal surface of the auricle, and is generally an extension from the temporal or mastoid region. Primary disease of the auricle is rare. It may be of the tuberculous or ulcerative form. The verrucous variety may also occur, and the external ear may be concealed by the outgrowths. In some instances attacks of lymphangitis and erysipelas take place, and the disease assumes an aspect which recalls that of elephantiasis. Ulceration of lupus tubercles usually begins upon the upper part of the auricle. They may lare bare the cartilage. At length the auricle may be partially destroyed, and what is left may be tied down to the integument of the cranium by means of adhesions.

Dr. Liaras next proceeds to discuss the diagnosis. He mentions the chief points which distinguish lupus in its different varieties from chronic eczema, lupus erythematosus, tuberculous lepra, psoriasis, elephantiasis, and epithelioma. In the more severe forms of lupus of the ear cicatrization may take place, but the scars are rough and irregular and impair the æsthetic appearance of the ear.

Lupus of the meatus is still rarer than that of the outer ear. The disease may be an extension from the auricle. Occasionally the affection penetrates the whole length of the canal, and approaches the drum of the ear. In a few instances, also, the lupus occludes the canal, and at last leads to constriction of its calibre.

In addition to such cases, in which the disease extends from the external to the deeper parts, there is a possibility of its originating in the middle ear. Of this variety Dr. Liaras reports a case which he believes to have begun primarily in this situation, although, on account of the slight involvement of the meatus, the nature of the malady might be called in question. The case was that of a young woman 20 years of age. She had had lupus upon the right cheek at the age of ten, and since that time the nose had been attacked. Four years previously she had suffered pain in the right ear for three days. Then a discharge appeared. She was unable to give exact dates concerning either the beginning or ending of the trouble. During the preceding year the disease of the ear had re-

[1] "Du Lupus de l'Oreille." Par le Dr. G. Liaras, ancien premier interne à l'Hôpital Saint-André, Aide de Clinique des maladies du larynx, des Oreilles, et du Nez à la Faculté de médecine de Bordeaux. Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie, 3 Février, 1900, et 10 Février, 1900.

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appeared. The patient had no recollection of having suffered in her left ear. Cicatrices of lupus were found upon the face. The left inferior turbinated bone was somewhat atrophied. The middle turbinated was covered with small, whitish crusts. There was muco-pus in the remaining parts of the nasal fossa. The right chamber was narrow, its mucous membrane was somewhat more colored, and traces of lupus could be seen upon the septum and at the entrance of the nostril. The gums of the upper jaw were affected with lupus. There were some spots of the disease upon the epiglottis. The lungs and heart were healthy and the general condition was good. By examination of the function of audition cranial perception was found good upon both sides. The watch could be heard upon the right side at 15 centimetres (nearly 6 inches) and upon the left side at 50 centimetres (nearly 20 inches). The Rinné test was positive upon both sides. The diapason was lateralized upon the left. There was a rather abundant discharge from the right ear, but no pain. After irrigation there was perceived in the meatus and at the edge of the middle ear in the vicinity of the malleus a superficial lupus ulcer. This lesion was the prolongation of one occupying the membrane of Shrapnell. There was a large perforation of the drum, and upon its remaining portion were traces of old lesions. The lesions precisely resembled those upon the skin, and it was impossible to resist the thought that they were of the same nature. From the history of the case and the objective appearances it seems highly probable that the disease began in the middle ear and spread to the meatus. The lesion possessed none of the characteristics of syphilitic ulceration. Furthermore, the point of departure of the disease of the ear, which particularly involved the tympanum and secondarily the meatus, was in the corresponding nasal fossa. The malady had spread by way of the Eustachian tube, and, if that passage was not itself very notably affected, nevertheless it was involved to a certain extent, as was shown by the imperfect penetration of air into the tympanum.

SUPRARENAL EXTRACT IN OPHTHALMOLOGY.

WITHIN the last decade the therapeutical powers and applications of animal extracts have been an important subject of discussion and experimentation. There are certain affections in which this class of preparations have been proved of undoubted value. It has been found that the suprarenal gland is an efficacious agent in arresting hæmorrhage. We have already abstracted in the columns of the MEDICAL BULLETIN a number of observations upon this subject. Dr. W. W. Bulette, of Pueblo, Col., has reported his favorable experience with this agent in 201 cases of disease of the nose, throat, and ear. Lermitte employed it with success in epistaxis. It has been used with good effect in hay fever. In some affections of the eye it has accomplished an excellent result. In connection with the general topic we have noticed with interest an article by Dr. H. Landolt, first assistant in the eye clinic of the University of Strassburg. The author details his observations concerning the use of this remedy in diseases of the eye.[1] Our author refers to the writings of those who have confirmed the results obtained by Louis Dor and published in 1895.

Dor announced that the instillation of suprarenal extract into the conjunctival sac was followed in two minutes by pallor of that membrane, and that this anæmia lasted for a quarter of an hour. He employed the extract in this manner in keratitis vasculosa, and saw the vascularization disappear, and this practice brought about a cure in eight days. He made use of the same remedy as an hæmostatic in capillary hæmorrhage and as a synergist to cocaine anæsthesia in in-

[1] "Ueber die Verwendung des Nebennieren-Extractes in der Augenheilkunde." Von Dr. H. Landolt, I. Assistent der Universitäts-Augenklinik zu Strassburg i. E. Centralblatt für praktische Augenheilkunde, November, 1899.

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flammation of the eyes. These statements were corroborated by Dor's pupil, Armand Barraud. Others who have written upon the matter have generally been in accord that suprarenal extract possesses undeniable power in reducing hyperæmia of the conjunctiva. Darier emphasized the property possessed by the extract of assisting the action of cocaine. In his series of cases Dr. Bulette testifies that it aided in prolonging local anæsthesia. In his clinical investigations Dr. Landolt made use of the active principle of the suprarenal glands, which has lately been isolated by Otto V. Fürth, working in the laboratory of Professor Hofmeister. This substance is completely aseptic, and its dose can be exactly regulated. The active principle is a dark-brown fluid. One drop of this solution sufficed to blanch a deep-red and inflamed conjunctiva. The action began almost immediately after instillation. The duration of the anæmia varied according to the degree of irritation of the eye, but was always longer than with other preparations of the gland. In some instances the constriction of the vessels lasted for more than two hours. No deleterious effects followed the use of the preparation. The contraction was not succeeded by any paresis of the muscular tunic. The extract influences the superficial vessels. It produces little or no impression upon the deeper conduits. This property may be utilized for diagnostic purposes. If the deep vessels are also injected, the use of the extract will only cause a bluish color instead of a pallor. In accordance with this action, Dr. Landolt has never witnessed any alteration in the vessels of the iris, retina, or choroid or in the ocular tension as a result of the extract, nor was accommodation affected. The extract will exert a deep action, however, when injected beneath the conjunctiva. Used in this latter manner it possesses mydriatic power. The subconjunctival injections were only performed on animals.

These qualities of the suprarenal extract render it of service in producing a bloodless field of operation in inflamed eyes and in assisting the action of cocaine, atropine, eserine, and other substances. For example, an iridectomy in the inflammatory period of glaucoma is facilitated. In consequence of the anæmia of the conjunctiva the iris is not bathed in blood during the operation. In other operations upon the inflamed or uninflamed eye the same application is of value.

The use of suprarenal extract paves the way for the anæsthetic action of cocaine. Whereas cocaine is almost without effect upon inflamed eyes, it soon produces anæsthesia when the extract has been previously instilled. This fact will permit many operations to be performed without general anæsthesia in which formerly narcosis was necessary.

The extract can likewise be recommended as promoting the action of atropine, eserine, and similar substances. By a prior instillation of suprarenal extract the maximum doses of the other agents is not required.

In acute conjunctival catarrh the extract of the suprarenal glands temporarily relieves the hyperæmia, but its action is not permanent. It exerts no influence on the course of the disease. It allays subjective discomfort, however, and lessens spasm of the lids. No effect was observed upon the progress of phlyctenular conjunctivitis. As was to be expected, it caused no favorable result in chronic catarrh.

Several authors have recommended the use of suprarenal extract in keratitis vasculosa. Dr. Landolt is unable to concur in this opinion. He has employed the remedy in this disease, but perceived no decided improvement. In a number of cases the patients asserted that after use of the drops their vision was clearer and the cornea was more transparent, so that the iris could be more clearly seen; but even after long-continued use of the extract no genuine improvement resulted. The temporary amelioration was due to constriction of the blood-vessels, but after this effect had passed off the cornea again became clouded. The extract failed in iritis and glaucoma.

Finally our author briefly summarizes his

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observations by saying that the extract in the form that he employed is an agent which, although it possesses no direct curative power in diseases of the eye, is nevertheless of considerable value to physician and patient. As a means of securing local anæmia it may be used in operations in order to keep the field of work free from blood; as an assistant to the action of cocaine, atropine, eserine, and other drugs employed in the treatment of inflamed eyes; and as relieving the symptoms due to inflammation. It may obtain a wider sphere of action if we find that it can be injected beneath the conjunctiva without danger.

Correspondence.

NASAL SYMPTOMS OF LA GRIPPE, ETC.

Editor of the Medical Bulletin:

THE unpleasant and often distressing nasal symptoms incident to many cases of grippe may be quickly and permanently relieved by the insufflation of a powder composed of 3 or 5 per cent. of xeroform with pulv. acacia. The insolubility of the one and the adhesive nature of the other insure a prolonged contact of the remedy with the diseased surfaces. It is surprising how rapidly the swelling subsides, the lacrymation and discharge lessen, and normal nasal breathing is made possible. The mixture is equally potent to abort an incipient acute coryza.

E. C. BAILEY, M.D.
25 Seventh Avenue, Brooklyn, N. Y.

Medical News and Miscellany.

Dinner in Honor of Dr. le Blanc.—Dr. John V. Shoemaker recently gave a dinner of fifteen covers, at his residence, 1519 Walnut Street, in honor of Dr. le Blanc, a distinguished French physician from Aix-les-Bains. Dr. le Blanc is well and favorably known to many Americans who have journeyed to Aix for the benefit derived from its famous waters. Among those present were: Dr. le Blanc, Prof. Ernest Laplace, Prof. William E. Ashton, Prof. Charles W. Burr, Prof. Frank Woodbury, Prof. William C. Hollopeter, Prof. E. B. Gleason, Prof. George Pfromm, Major and Surgeon Joseph K. Weaver, Major and Surgeon George H. Halberstadt, Mr. Israel Durham, Mr. Ralph Blum, Mr. William Greenawalt, and Dr. John V. Shoemaker.

Inherited Syphilis. — In a paper on the signs of inherited syphilis, Dr. Robert H. M. Dawbarn, of New York, says: "I will mention a sign rarely alluded to, but given by a few good authorities. This is an umbilical cord so extremely thick as to seem swelled, and also apt to be very long; and to be very slow in becoming detached from the navel. This swelling and unusual nutrition of the cord may be due to a partial endophlebitis obliterans, occasionally noticed, and involving the umbilical vein."—Pacific Medical Journal.

Dr. Daniel R. Brower.—Dr. Brower has accepted the invitation of the faculty to deliver the "Address to the Graduating Class of the Medical Department of Georgetown University," D. C., on May 21, 1900.

Jefferson Medical College. — Dr. Francis X. Dercum has been elected Professor of Neurology and Dr. J. Chalmers Da Costa Professor of the Practice of Surgery and of Clinical Surgery.

In Honor of Dr. Neale.—It is proposed to present a valuable testimonial to the author of "Neale's Digest," which has now been published for fifty years. The work of making his index and preparing it for the press has involved an average of four hours per day for more than fifty years. It is not yet decided what form the testimonial is to take.

Saturnine Encephalopathy due to Hebra's Ointment.—Dr. Hahn has reported the case of a child, 13 months old, having eczema of the scalp and face, treated with dressings of Hebra's ointment (10 parts of litharge to

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40 parts of olive-oil). The child's mother seems to have been rather lavish in the use of the ointment and careless as to precautions against the child's scratching its head and then sucking its fingers. Convulsive attacks set in finally, and the child died. The necropsy showed hydrocephaloid of a light grade and chronic intestinal catarrh. —New York Medical Journal.

Dr. William H. Welch.—Dr. Welch, heretofore a distinguished member of the Faculty of Johns Hopkins University, has accepted the chair of Materia Medica in the Rush Medical College of Chicago.

Associated Physicians of Long Island.—At the annual meeting of the Associated Physicians of Long Island officers were elected for 1900 as follows: President, James M. Winfield; first vice-president, W. B. Gibson, of Huntington; second vice-president, Calvin F. Barber; third vice-president, J. S. Cooley, of Glen Cove; secretary, Charles D. Napier; treasurer, J. E. Hutcheson, of Rockville Center; historian, Joseph H. Hunt; delegate to State Medical Society, Charles M. Niesley, of Manhasset.

Cartwright Lectures. — The Cartwright Lectures of the Alumni Association of the College of Physicians and Surgeons (School of Medicine of Columbia University) were delivered in the building of the New York Academy of Medicine on the evenings of April 18th, 24th, and 26th, by Dr. John G. Curtis, on the subject of "The Discovery of the Nerves and of their Function."

Dr. Henry H. Morton.—Dr. Henry H. Morton, of Brooklyn, was appointed by the Board of Regents Genito-Urinary Surgeon to Long Island College Hospital. He has been serving as assistant surgeon in that department for the past four years.

Intestinal Hæmorrhage in Uræmia. — Hæmorrhages of various kinds are frequently met with in uræmia: a fact which is widely recognized. Fedou describes in particular intestinal varieties. Intestinal hæmorrhage may be met with in the subjects of chronic Bright's disease who are subject to diarrhœa. The stools may be blood-colored and mucous, evacuation being accompanied with violent colic and tenesmus. In other cases—uncommon, it is true —there may be actual hæmorrhage from the mucosa, the blood being, however, mixed with other materials and having a meat-juice or tomato-sauce appearance. Coming from the large intestine, it does not show tarry characters indicative of hæmorrhage's taking place high up in the small intestine. In some cases the hæmorrhage may be excessive when there is deep ulceration. Under these circumstances vessels of considerable size may give way and the result may be serious. The writer mentions cases in which there is no external hæmorrhage, the symptoms being shock, coldness of the extremities, small fluttering pulse, enlargement of the abdomen, and syncope. Hæmorrhages occurring early in the disease seemed to have a favorable influence on the condition of the patient. They take the place of therapeutic bleeding. On the other hand, enterorrhagias, especially when frequent or abundant and when occurring in the later stage of uræmia, are depressing, and rapidly bring about cachexia. It is generally in gastro-intestinal cases that intestinal hæmorrhage is met with; but it is well to remember that this form of hæmorrhage may occur in those cases of uræmia having nervous or respiratory manifestations. In such a case diagnosis may be somewhat difficult. The treatment should be that of intestinal hæmorrhage in general, it being borne in mind at the same time that depressing remedies must be avoided.—British Medical Journal.

Surgeons to Queen Victoria.—The Queen has appointed Lord Lister to be Serjeant-Surgeon-in-Ordinary to Her Majesty, in the room of Sir James Paget, Bart., deceased. The Queen has appointed Mr. Frederick Treves to be one of the Surgeons-Extraordinary to Her Majesty.

Guy's Hospital Medical School.—Mr. R. Clement Lucas has been appointed by the

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Treasurer and Governors of Guy's Hospital, on the unanimous recommendation of his colleagues, to the Lectureship on Surgery in the Medical School, rendered vacant by the resignation of Mr. N. Davies-Colley on account of ill health.

St. Bartholomew's Hospital Medical School.—Dr. Edkins, Lecturer on Chemical Physiology and Demonstrator of Physiology in St. Bartholomew's Hospital Medical School, has been appointed jointly with Dr. Klein Lecturer in Physiology in the school.

Dr. Simon Flexner.—Dr. Flexner, of the University of Pennsylvania, has been elected a corresponding member of the Medico Societa Chirurgica di Bologni.

Dr. Charles G. Stockton.—The Philadelphia Medical Club recently entertained Dr. Charles G. Stockton, Professor of Medicine and Clinical Medicine in the University Medical School of Buffalo.

Retirements. — It is announced that Dr. Sydney Ringer, F.R.S., and Mr. Christopher Heath, the senior physician and surgeon, respectively, to University College Hospital, are about to retire under the ordinary rules from service upon the active staff.

The Association of American Physicians.—The fifteenth annual meeting of this society will be held in Washington, in connection with the triennial congress, on May 1st, 2d, and 3d, under the presidency of Dr. E. G. Janeway, of New York.

Philadelphia Hospital.—Dr. James M. Barton has resigned from the surgical staff and Dr. Samuel Wolfe from the medical staff. A third ophthalmologist has been added to the medical board, and Dr. Howard Forde Hansell has been elected to fill the vacancy.

German Surgical Congress.—The twenty-ninth annual Congress of the German Surgical Society was held in Berlin from Wednesday, April 18th, to Saturday, April 21st. Among the communications were the following: Professor Czerny (Heidelberg): "The Treatment of Inoperable Cancer." Professor Krönlein (Zurich): "Intestinal and Rectal Cancer and the Results of their Operative Treatment." Dr. Rehn (Frankfort-on-the-Main): "Improvements in the Technique of Amputation and Resection of the Rectum." Dr. Israel (Berlin): "Operations on the Kidneys and Renal Calculi." Dr. von Angerer (Munich): "Operations for Abdominal Contusion." Dr. Credé (Dresden): "The Simplification of Gastrostomy and Enterostomy." Dr. Lexer (Berlin): "Teratoid Tumors in the Abdominal Cavity and their Treatment."

Dr. Charles McBurney.—Dr. McBurney, who for over a dozen years has been the chief surgeon of the Roosevelt Hospital, has presented his resignation. The reason given is too great pressure of other work.

Prof. Charles R. Bardeen.—Charles R. Bardeen, A.B. (Harvard, 1893), M.D. (Johns Hopkins, 1897), assistant in anatomy in the Johns Hopkins Medical School, has accepted the appointment of Professor of Anatomy in the University of California.

Dr. John F. Glover.—Dr. Glover, assistant superintendent of the Southern Hospital for the Insane, Evansville, Ind., has been appointed superintendent of that institution to fill the vacancy caused by the resignation of Dr. C. G. Mason.

Changes in the Skin in Paralysis Agitans.—Robert Reuling speaks of the addition to our knowledge of pathology by Fraenkel's discovery of changes in the skin in paralysis agitans. The frontalis symptom recently described is best brought out by getting the patient to look upward for two minutes and then downward. The deep wrinkles require three or four minutes to disappear. Fraenkel thinks it due to thickening of the skin and loss of elasticity, though there may be little change in appearance. A case is reported with microscopical examination showing increased connective-tissue growth in the true skin and subcutaneous connect-

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ive tissue. Skin changes were found in four out of six cases examined, but no direct relationship is traced between them and the tremor. The author regards them as trophic phenomena.—Medical Record.

Fiftieth Anniversary.—Dr. William B. Ulrich, of Chester, Pa., celebrated on March 15th the fiftieth anniversary of his entrance on medical practice. The event was commemorated by a reception to the Delaware County Medical Society.

Colorado Medical Journal.—Dr. William N. Beggs succeeds the late Dr. Axtell as editor and publisher of the Colorado Medical Journal, Denver.

Glasgow University.—On account of failing eye-sight Sir William Gardner has resigned his professorship of medicine in the University of Glasgow.

Dr. Hector Clare Cameron has been appointed to the chair of Clinical Surgery, vacant by the resignation of Prof. George Buchanan.

Association of Military Surgeons of the United States.—The ninth annual meeting of the above association is to be held in New York on May 31st, June 1st and 2d.

American Academy of Medicine.—The twenty-fifth annual meeting of the above association will be held at Atlantic City on June 2 and 4, 1900. The president of the Academy is Dr. G. Hudson Makuen, of Philadelphia. Papers have been promised by Drs. Rosa Engelmann, of Chicago; J. Chesten Morris, of Philadelphia; S. D. Risley, of Philadelphia; J. Madison Taylor, of Philadelphia; Helen C. Putnam, of Providence; James W. Walk, of Philadelphia; A. L. Benedict, of Buffalo; W. J. Herdman, of Ann Arbor; Bayard Holmes, of Chicago; S. A. Knopf, of New York; W. L. Pyle, of Philadelphia; A. Ravogli, of Cincinnati; Harry Park Ritchie, of St. Paul; and a number of other papers are also expected.

Mutter Course of Lectures.—The Mütter Course of Lectures on Surgical Pathology of the College of Physicians of Philadelphia were delivered this year by Dr. John B. Roberts. The general subject was: "The Surgical Treatment of Congenital and Pathological Disfigurements of the Face." The lectures were given on Tuesdays and Fridays from March 27th to April 27th at 8.30 P.M.

The Milk-supply.—A discussion under the auspices of the Keystone Veterinary Medical Society relative to the milk-supply was held in this city on the evening of March 20th. The subject was considered from various stand-points. Among those taking part were physicians, veterinarians, and those interested from the public and sanitary importance of the subject.

"La Pratique Dermatologique." — We have received from the publishers the announcement of a work upon diseases of the skin having the above title. The authors are Ernest Besnier, L. Brocq, and L. Jacquet. The authors have won international reputation by their labors in this field of practice. A work produced by them in collaboration will doubtless prove itself one of the events of the season. They state in their preface that their chief aim is to present the clinical and therapeutic sides of the subject. They desire to present every method and device which shall be useful to the practitioner in the treatment of each individual disease. They will describe not only the drugs which should be employed, but also the mode of administration in each case. Attention will likewise be given to topical agents and their methods of application.

Dr. John Guiteras. — Dr. John Guitéras has been appointed to a newly-created chair of Intertropical Pathology at Havana. Dr. Guitéras is at present in Europe, and will undertake the duties of his chair when he returns to Cuba.

Dr. George F. Butler.—Dr. Butler, Professor of Materia Medica and Clinical Medicine in the College of Physicians and Surgeons of Chicago, and editor of the Doctor's Magazine, has accepted the Superintendency

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of the Alma Sanitarium, of Alma, Mich., his duties to be assumed May 1, 1900. Dr. Butler will retain his professorship and will continue to edit the Doctor's Magazine.

International Congress of Public and Private Charities.—A document has been issued, under the authority of the French Government, calling attention to the International Congress of those interested in the work of public or private charity. The meetings will be held in Paris from July 30 to August 5, 1900. The Congress is to be held at the instance of the Commissioner General of the Exposition Universelle, and will convene in the hall dedicated to the deliberations of the various congresses taking place in connection with the exposition. The first congress of this kind occurred during the exposition of 1889 and was a proof of the value of associated study of these important questions. The principles established at that meeting have served in France as a guide to the administration and have inspired legislative enactments.

Against the Plague.—The United States Marine-Hospital Service has issued a circular containing additions to Quarantine Regulations with a view to prevent the introduction of the plague into the United States and its dependencies. The circular gives the text of additional regulations to be observed at foreign ports and at sea, and at domestic ports. The regulations to be observed at domestic ports relate to inspection for plague, treatment of vessels suspected of plague, treatment of plague-infected vessels, and disinfection of vessels infected or suspected of being infected with plague.

Aseptic Glycerinated Vaccine. — The great house of Parke, Davis & Company calls attention to a product upon which they have bestowed that solicitous care which has made all their preparations so reliable. Before entering upon the work of making vaccine the firm sent scientific medical representatives to the leading vaccine-farms of Europe and the United States. The manufacturers are impressed with the conviction that the glycerin emulsion of bovine-lymph possesses merits which far preponderate over any disadvantages to which it may be subject. When properly used it yields a very high percentage of successful vaccinations.

The Open-Air Treatment of Insanity.—Upon this important subject we have lately had the pleasure of reading a very interesting and instructive address delivered before the Halifax Scientific Society by Dr. Thomas J. Dolan, J.P., of that city. Dr. Dolan is favorably known in the world of medical journalism as the editor of a most excellent journal, The Scalpel, published in Halifax, where the energetic Dr. Dolan resides, practices medicine, and officiates as justice of the peace. In his address he briefly sketched the reforms which had been introduced into the conduct of asylums and the treatment of the insane, after which he described the methods which he observed during a visit to Gheel, where the open-air treatment of insanity has been practiced for centuries. As to violence, Dr. Dolan states that the only murder committed in Gheel since 1858, and many years previous to then, was said to have been committed by a lunatic, but really, when all the circumstances became known, this could scarcely be said to have been the case.

The Samuel D. Gross Prize.—The Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery announce that no essay deemed worthy of the prize, one thousand dollars, having been received on January 1, 1900, the prize will be awarded on October 1, 1901.

The conditions annexed by the testator are that the prize "Shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens."

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It is expressly stipulated that the competitor who receives the prize shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title-page it shall be stated that to the essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 219 S. Thirteenth Street, Philadelphia," on or before October 1, 1901.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

Contributions from the Physiological Laboratory of the Medico-Chirurgical College of Philadelphia for 1898-99. — Dr. Isaac Ott, Professor of Physiology in the Medico-Chirurgical College, has reprinted in pamphlet form a number of highly important scientific researches conducted in the laboratory, constituting Part XV of Ott's "Contributions to the Physiology and Pathology of the Nervous System." These experiments are the work of a very close observer, long familiar with the methods of modern science, and with all the latest apparatus at his command. The results are accordingly a valuable contribution to the progress of knowledge of the subjects of which the author treats.

Typhoid Fever Complicated with Chorea and Diabetes Insipidus.—Dr. Carl Orth, of St. Louis, contributes to the St. Louis Courier of Medicine a note describing a case of typhoid fever with the rare complications named in the title. The patient was a woman, 24 years of age, who had always previously enjoyed good health. The disease ran its normal course for the first two weeks. During the third week chorea set in, affecting the left arm and hand. It kept up for several days, but finally disappeared and the patient began to pass very frequently and in large quantities a clear and very pale urine, and developed an abnormally great thirst. The urine was of very low specific gravity, free from albumin and sugar. About one week later a slight cystitis occurred, which protracted the disease somewhat, but finally the patient made a perfect recovery.

The Tenement and Tuberculosis. — We have received from Dr. S. A. Knopf, of New York, a copy of the very interesting, practical, and suggestive address which he delivered before a conference held under the auspices of the Tenement-house Committee of the Charity Organization Society of New York. The committee resolved that a copy of the address should be placed in the hands of every member of the legislature.

Upon such a subject Dr. Knopf is well qualified to speak. The results of his personal experience, observation, and study have been given to the world in an excellent volume which deservedly won the Alvarenga prize of 1898.

Louisiana State Medical Society.—The above society was in session on April 19th, 20th, and 21st. The meeting was full of interest and instruction. By an excellent arrangement a subject for general discussion was adopted in each section. Some of the topics chosen were tuberculosis in the section of general medicine; local and regional anæsthesia in its application to minor and major surgery is the subject discussed in the surgical section; measles and small-pox in children in diseases of children; the surgical aspect of salpingitis and electricity in gynæcology in obstetrics and gynæcology;

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the management of foreign bodies in the air-passages, being the address of the chairman of the section of otology, laryngology, and rhinology (Dr. A. W. de Roaldes); variola in the section of quarantine; stricture of the urethra in the section of genito-urinary surgery, etc.

Gangrene Complicating Typhoid Fever.—In the Virginia Medical Semimonthly Dr. Paul W. Howle, of Mount Carbon, W. Va., reports the case of a white youth of 19 in whom, in the second week of typhoid fever, pneumonia of the lower lobe of the right lung occurred. On the twenty-fourth day he was almost collapsed, and perforation seemed imminent. On the twenty-seventh day he was better in every way, save that his heart was still weak. He complained of paroxysms of pain in his feet, which increased until the twenty-ninth day, when they became so severe that Dr. Howle was compelled to keep him under the influence of an opiate. The pain was attributed to neuritis. On the thirty-third day purple spots were observed on the outer aspect of both feet; on the following day they were larger and more numerous, and by the thirty-sixth day both feet were almost black as high up as the ankles. The tension was so great that they burst in several places, the pain ceased, the temperature ran up, and symptoms of sepsis developed. Death occurred on the thirty-sixth day.

Gangrenous Dermatitis in Typhoid Fever.—Especial attention ought to be called to the recent report of Stahl, of a remarkable series of cases of gangrenous dermatitis in typhoid fever. In 144 cases of typhoid fever 10 presented this, the rarest of complications. The dermatitis occurred in varying degrees of severity. Three of the 10 patients died. The trunk was the most frequent seat of the disease, but the face, the arms, and the thighs were also affected, and in the two autopsies held the scrotum was gangrenous. In 1 case a foot was lost. As regards the cause, the facts at hand speak in favor of thrombosis and embolism. In 2 fatal cases there were infarcts in the kidneys and other internal organs. The grave anæmia, the development of the gangrene after the severest period of the fever, the feebleness of the heart, arteriosclerosis in many of the cases—all support the theory of vascular obstruction, possibly on the basis of an infectious or toxic endangitis. The bacteriological examination showed staphylococci in the unbroken vesicles, and these microbes with numerous others in the ulcer examined. It is of interest to note that all these cases occurred in soldiers from the late war.—Journal of the American Medical Association.

In Defense of Materia and Therapeutics.—Under this title Dr. Hiram Van Sweringen, Professor of Materia Medica and Therapeutics in the Fort Wayne College of Medicine, contributed an excellent paper to the Fort Wayne Medical Journal-Magazine. Dr. Van Sweringen speaks as a representative of that branch of medical study. The author very forcibly rebukes the spirit of skepticism or nihilism which retards the progress of therapeutics, sows the seeds of distrust in the minds of patients and their friends, and yet, nevertheless, quickly turns to the administration of drugs in emergencies and severe illness. In conclusion Dr. Van Sweringen advises closer attention to the study of therapeutics, and suggests that it would be well for the profession of this country to have occasionally a therapeutic congress for the purpose of comparing experiences relative to the value of the various official and non-official agents employed in the treatment of disease.

The Magazines.—*American Monthly Review of Reviews.*—The edition of this important periodical is distinguished by its usual accurate and impartial summary of current events. This feature alone of the Review has led many to consider it an indispensable visitor to the library table. In a few quiet hours one is thus enabled to acquaint himself with the principal occurrences of the month. Home and foreign topics are both discussed in the same broad and liberal

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spirit. Among contributed articles in this number we find a timely one upon the "Relations of the Constitution to the Territories," by Henry Pratt Judson, of the University of Chicago; "The Methods of Industrial Training at Hampton Institute" is an important theme discussed by Albert Shaw, whose paper is plentifully illustrated; "The Rhine-Elbe Canal as a Feature of German Politics" is described by Prof. James Howard Gore; while other articles upon special commercial or manufacturing interests will attract many readers. Eastern questions, for instance, are treated of in two different papers from two different points of view.

The Saturday-Evening Post.—This interesting publication, which has a continuous history back to the early days of Benjamin Franklin in Philadelphia, is, nevertheless, a bright and fresh journal of the present time. Its readers are kept informed concerning the trend of events throughout the world and are entertained, as well as instructed, by the eminent writers who contribute to its pages. Many, and especially those who have boys of their own in the Philippines, will read with absorbing interest Senator Beveridge's brilliant article containing his impressions of affairs and the situation in those islands, gathered from personal observation on the spot. His tribute to the manliness and good behavior of the American soldier are gratifying, although nothing more than we should expect. Frank G. Carpenter describes the chances of young men in the far East in a letter which will receive much attention. Among noteworthy papers recently published by this journal are the "Memories of Dwight L. Moody," by his son, and a new story, entitled "Laurels of the Brave," by Marie Corelli. Mr. W. R. Moody has written especially for the Saturday-Evening Post a series of anecdotal papers on his father's life and work, profusely illustrated with hitherto-unpublished photographs.

The Ladies' Home-Journal.—This periodical always contains much valuable and timely matter, which is by no means of interest to ladies only, although a certain portion of its contents appeal principally to the feminine mind. Among papers recently appearing in this journal we would particularly commend those by Archdeacon Brady under the title of "A Missionary in the Great West." These, together with the two excellent romances of the sea published by the Archdeacon, have certainly brought him to the front as one of our most graphic and vigorous writers. The editor, Mr. Bok, is always a thoughtful and suggestive writer. His themes are well chosen, important in themselves, and discussed with ability. In the April number he strongly condemns the laxity of the laws and customs relative to marriage. The series of papers by Ian Maclaren will attract numerous readers. The many special features which characterize the Ladies' Home-Journal are well maintained in the April issue, and others are announced as to appear in May.

McClure's Magazine. — There is always good reading matter in McClure's. The Orient, as a subject now in the mind of the American people, receives recognition in the April edition by William Barclay Parsons, chief-engineer of the American-China Development Company, who gives the results of his recent commercial explorations in the most secluded parts of China and shows what an immense market China offers American farmers, manufacturers, and merchants. In the same number Professor Huxley's early struggles are described; the remarkable qualities of the Russian ice-breaker "Ermack," which can sail through or over ice of incredible thickness, and which may, perhaps, or some ship like her, sail to the Pole. Walter Wellman describes the novelties and hardships of life under the shadow of the North Pole. Dr. Watson's "Life of the Master" tells the story of Jesus' ministry at Capernaum and His rejection by Nazareth. In the April issue we find an interesting story by Robert Barr upon a "Scientific Miscalculation."

Scribner's Magazine.—The literary qual-

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ity of Scribner's is of a high order. In the issue for April a strongly-written story by Henry Van Dyke will no doubt please a wide circle. It is a story of out-door life, and is called "The Light that Failed Not." The scene is laid in a light-house on the St. Lawrence. It contains several dramatic situations. Another article of wide interest is that by Mr. H. J. Whigham, which treats of the defeat of the British at Magersfontein. Mr. Whigham has been with the Modder River column and his papers deal with matters of which he has personal knowledge and scenes which he has not only witnessed, but has also photographed for the benefit of readers of Scribner's Magazine. Governor Roosevelt's important contribution upon the "Life of Oliver Cromwell" brings us to the time when he had attained supreme and undoubted supremacy upon the field. "Tommy and Grizel," by Barrie, is continued in this month's paper, and deepens in interest. There are short stories and art criticisms, and the whole paper is notably well illustrated.

The International Monthly. — We are in receipt of the first number of a magazine bearing the above title. It is published by the well-known house of Macmillan, of London and New York. We may, therefore, assume with confidence that the typographical features will be of the first class. Judging from the initial number, this magazine will deal with the more serious themes of literature. The contents are "Later Evolutions of French Criticism," by Edouard Rod, of Paris; "Influence of the Sun upon the Formation of the Earth's Surface," by N. S. Shaler, of Harvard University; "Organization among American Artists," by Charles de Kay, of New York; "Recent Advance in Physical Science," by John Trowbridge, of Harvard University; "The Theatrical Syndicate," by Norman Hapgood, of New York.

The International Monthly is edited by Frederick H. Richardson, of Burlington, Vt., who is assisted by an advisory board composed of eminent scholars of this and European countries. The members of the board represent the chief departments of literature, science, and the fine arts. The members of the advisory board in medicine are Dr. D. B. St. John Roosa, of New York, Dr. Leon Panas, of Paris; and Dr. Carl von Noorden, of Frankfurt-on-the-Main; of this board the late lamented Sir Thomas Grainger Stewart, of Edinburgh, was also a member. In the other departments we find equally illustrious names. With such a staff we are warranted in expecting a high order of literary *pabulum*, among which will doubtless be found much matter of interest to medical men. The scientific side of medicine has close connections with physics, chemistry, and biology. It is likewise of advantage for the physician to relax his mind, as time and opportunity serve, with the productions of pure literature.

Western Ophthalmological and Oto-laryngological Association.—The Western Ophthalmological and Oto-laryngological Association held its fifth annual meeting at St. Louis on the 5th, 6th, and 7th of April. The president, Dr. W. Scheppegrell, of New Orleans, opened the meeting with a paper on "The Rise of Specialism," in which he disproved the often-repeated charge that specialisms in medicine are modern innovations. He cited historical data dating several centuries before Christ, in which distinct references were made to specialists of the eye, stomach, and the head. The essayist commended specialists in medicine, as they promote more detailed study, and thereby lead to higher medical attainments.

Dr. J. W. Bullard, of Pawnee City, Neb., read a paper on "Two Classes of Eye Cases that Give Me a Great Deal of Trouble." Chief among them were those in which irritation and dryness of the conjunctiva persisted in spite of every attempt at refraction which had been made.

Dr. Edwin Pynchon, of Chicago, in a paper on "Slight Irregularities of the Nasal Septum," advocated the removal or correc-

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tion of slight irregularities of the septum when there were disturbances of the nasal functions on account of their presence. If later and larger developments justified their removal, the author thought their early removal was justified on the grounds of "A stitch in time saves nine."

Dr. C. R. Holmes, of Cincinnati, in a paper on "Foreign Bodies of the Orbit, with Report of Cases," presented about seventy cases compiled from the literature and three additional ones by himself. The most interesting and unique case was one of those reported by the author. It consisted of a knife-blade about $1\,^1/_2$ inches long, which had been in the orbit thirty-two years without causing much inconvenience. It was imbedded in a fibrous capsule, and was but slightly rusted.

Dr. B. E. Freyer, of Kansas City, presented "A Case of Railway Trauma of the Eye, with the Report of a Case and Its Legal Aspects."

Dr. M. A. Goldstein, of St. Louis, read a paper on "Presentation of Cases: (*a*) Primary Tuberculosis of the Ear; (*b*) Primary Tuberculosis of the Larynx." (*a*) The case had been operated on some years previously, and had a recurrence some months ago, at which time Dr. Goldstein did the Schwartz operation. Bad symptoms developed a few weeks ago, and he did the radical operation, since which time the patient is doing well. (*b*) The second case was one of probable primary tuberculosis of the larynx, which came under the observation of the author about one year ago. At that time he was in a very serious condition; death seemed but a matter of a few weeks or months. The patient was greatly emaciated, and in response to the treatment administered had gained a fair degree of health, being able to attend to business. The diagnosis in the case is somewhat doubtful, but the author, having excluded lues and malignant growth, has made the diagnosis of primary laryngeal tuberculosis. Tubercle bacilli are absent, and the tissue has not been examined microscopically.

Dr. William L. Ballenger, of Chicago, in a paper on "The Physiological Tests of the Organ of Hearing as Aids in the Differential Diagnosis of Lesions of the Ear," advocated the physiological tests of the ear—including the range of hearing, as tested with the tuning-fork, Galton whistle, the Webber experiment, the Rinné experiment, the Schwaback and Bing tests,—as important aids in the differential diagnosis of the lesions of the ear. They are of special importance in determining the location of the lesion. He suggested that, in a general way, the deeper the structure involved, the more pronounced the disturbance of hearing and the less probability of a cure. The tests were therefore recommended more for the purpose of aiding the surgeon in making a correct diagnosis than for aiding him in the treatment, which is often unsuccessful. Six cases were cited illustrating lesions of different kinds in the middle ear and labyrinth, in which the tests were used for the purpose of differentiating them. He recommended that the tests be made in all cases of ear disease in which there was marked deafness and tinnitus, both before and after the inflation of the tympanum. If this point is neglected, the diagnosis may not be properly made. While the physiological tests are not absolute guides to a correct diagnosis, they are, together with all other means of diagnosis, the most correct at the command of the aural surgeon, and therefore should be invariably used.

Dr. O. J. Stein, of Chicago, in "Symmetrical Osteoma of the Nose; Report of a Case" reported a very rare case of symmetrical, or double, osteoma of the nose, occluding the nasal chambers and extending to either side for a considerable distance, whereby the patient was given the typical frog-face appearance. Osteoma upon one side is rather common. This case was presented on account of its unique type, and was reported with a number of other cases collected from the literature. No attempt was made to correct the deformity, as the patient is well advanced with tuberculosis,

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several other members of the family having died with the same disease.

Dr. John J. Kyle, of Indianapolis, in a paper on "The Sympathetic Inflammation and Sympathetic Irritation of the Eye," made an interesting review of the subject presented, in which he advocated the usual classical treatment.

Dr. Adolph Alt, of St. Louis, presented "Studies Concerning the Anatomy of the Eyelids, Especially Their Glands (with Lantern Slides)." The purpose of the author was to report the result of an extensive examination made of the tissues of the eyelids, in which he had found mucous glands located in positions where they were not usually found. He also stated that in all his examinations, with one exception, the torsal cartilages of the eyelids were not true cartilaginous tissue.

Dr. H. W. Loeb, of St. Louis, gave a "Presentation of Specimen of One Hundred and Seven Polypi Removed at One Sitting." This case was unique, not so much on account of the great number of polypi removed from the nose, as from the fact that they were removed at a single sitting. They were uniformly pedunculated and varied greatly in size.

They were removed with an electrocautery-snare devised by the author.

Dr. J. O. Stillson, of Indianapolis, presented "Removal of the Middle Turbinate for the Cure of Some Forms of Inveterate Eye Disease," giving a very interesting paper upon this subject, in which he reported his observations as to the relationship of nasal and eye diseases and the results he had obtained in allaying eye symptoms by the treatment of nasal conditions, more especially the removal of the turbinate.

Dr. Goldstein, as Chairman of the Local Committee of Arrangements, arranged for a museum of pathological and anatomical specimens, which, while not large, was extremely interesting and marks a new departure in this society.

The officers elected for the ensuing year were as follow: Dr. M. A. Goldstein, of St. Louis, president. Dr. Würdemann, of St. Paul, first vice-president. Dr. C. R. Holmes, of Cincinnati, second vice-president. Dr. Fayette C. Ewing, of St. Louis, third vice-president. Dr. W. L. Dayton, of Lincoln, Neb., treasurer. Dr. William L. Ballenger, of Chicago, secretary. Dr. C. R. Holmes of Cincinnati was made Chairman of the Local Committee of Arrangements for the meeting to be held in Cincinnati next year. Dr. Loeb, of St. Louis, became Chairman of the Membership Committee.

The Western Ophthalmological and Otolaryngological Association will hold its next meeting on April 11 and 12, 1901, at Cincinnati, Ohio. Address: Dr. W. L. Ballenger, secretary, 100 State Street, Chicago, Ill.; or Dr. M. A. Goldstein, St. Louis, Mo., president.

Book Reviews.

Elements of Clinical Bacteriology for Physicians and Students. By Dr. Ernest Levy, Professor in the University of Strassburg i. E., and Dr. Felix Klemperer, Privat-docent in the University of Strassburg i. E., Second Enlarged and Revised Edition. Authorized Translation by Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic, etc. Philadelphia: W. B. Saunders, 1900. Price, $2.50 net.

This interesting and important work should be in the hands of every practitioner of medicine. It is written in clear and simple style, free from prolixity, is amply illustrated, and the work of translation has been well done. Prepared by experts in the field of bacteriology, it is nevertheless avowedly undertaken from the clinical stand-point. Intelligent practitioners who have since their student-days witnessed a revolution in the fundamental conceptions of etiology and infection, with the varied problems which are so closely related to these branches, are desirous of being authoritatively informed concerning the principles of these scientific

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doctrines which have so rapidly developed. For such physicians, as well as for younger men who have enjoyed elementary training, but who do not have the time or the opportunity for much work in the laboratory, the present work is admirably adapted. Herein they will find the latest information concerning the material causes of various infectious disorders. The facts which have been accumulated in regard to the morphology and life-history of the microbes which give rise to typhoid fever, Asiatic cholera, diphtheria, tetanus, tuberculosis, leprosy, etc., are, in this book, presented in such a form as to awaken the interest of the reader and to give precision to his conceptions of etiology.

Surgical Pathology and Therapeutics. By John Collins Warren, M.D., LL.D., Professor of Surgery in Harvard University; Surgeon to the Massachusetts General Hospital. Illustrated. Second Edition, with an Appendix Containing an Enumeration of the Scientific Aids to Surgical Diagnosis, Together with a Series of Sections on Regional Bacteriology. Philadelphia: W. B. Saunders, 1900. Price, Cloth, $5.00 net; Half-morocco, $6.00 net.

This is an interesting and instructive work from cover to cover. Few subjects are of more direct importance to the student and practitioner than those scientific facts and doctrines which lie at the very foundation of the art and which have recast the whole frame-work of operative surgery.

It is by no means a new observation that a knowledge of how to perform an operation is of far less consequence than an appreciation of why an operation is needed, when it should be done, and, in many instances, the choice of method. An ability to manipulate the knife is much more easily acquired than a knowledge of the fundamental principles according to which accidental or operative wounds are healed. Although the objective evidences of inflammation, being brought about by the action of the laws of Nature, are the same now as in the days of Galen, to say nothing of Hunter and the great surgeons of a generation ago, yet our understanding of the manner in which those laws act has enlarged in every direction.

Dr. Warren has for many years been an ardent laborer in the field of work represented by the present treatise. He brings to his task the habits of the laboratory, a logical mind, and the experience of the practical surgeon. He has so interwoven the facts of bacteriology, histology, and pathology with the symptomatology and treatment of surgical affections that the student gains a graphic picture of relationships which will be of incalculable value. This is the method which is pursued throughout the book. The chapters on inflammation and its results and those upon malignant tumors are of special significance. A very fair *résumé* of the investigations concerning a supposed parasitic origin of cancer is given in the section devoted to that disease. The section upon sarcoma also is of special value. In the appendix are considered certain scientific aids to surgical diagnosis, such as examination of the blood, bacteriological examinations, urinary conditions, spinal puncture, microscopical examination of pieces of tissue suspected of being of malignant growth, Roentgen rays in surgery, etc.

Following sections of the appendix relate to the special bacteriology of different regions of the body, while a final section discusses serotherapy in tetanus, tuberculosis, and syphilis. The author concludes that as regards the infectious granulomata, such as syphilis and tuberculosis, they "are so manifestly different in their nature from the acute infectious diseases in which antitoxins have proved of value that the successful application of the antitoxin treatment is in them fraught with additional difficulties, and the extension of the principle of immunity to them is a matter of doubt."

Diseases of the Stomach. Their Special Pathology, Diagnosis, and Treatment, with Sections on Anatomy, Physiology,

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Chemical and Microscopical Examination of Stomach-contents, Dietetics, Surgery of the Stomach, etc. By John C. Hemmeter, M.D., Professor in the Medical Department of the University of Maryland, Baltimore. With Many Original Illustrations, a Number of which are in Colors. Second Edition, Enlarged and Revised. Octavo. 898 pages. Price, $6.00 net, Cloth. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa.

Full of original thought, this is in every respect an admirable book. The exhaustion of the first edition in little more than a year testifies most forcibly to the appreciation with which it has been received by the profession. The call for a second edition has given the author the opportunity to incorporate such new matter as is of value and to apply his mature and critical judgment to the entire subject-matter of the work. There can scarcely be a subject of more importance to the physician than that which Dr. Hemmeter has chosen. The diseases of the digestive system and various remote consequences of chronic incapacity of the digestive system are so numerous that they constitute a large part of every physician's work. It therefore behooves us to acquaint ourselves as thoroughly as possible with their origin, prevention, and treatment.

In the first place, we must realize the fact that much additional knowledge has of recent years been gained as a result of the investigations of Heidenhain, Bensley, Mall, Oppel, and others into the histology of the stomach, and of Bowditch, Howell, Vaughn, Adami, and others into the physiology of digestion. The author has been a zealous student of these additions to our knowledge of the groundwork of his subject, and has been largely instrumental in interpreting the facts of pathology and symptomatology in the light of recent and increased information. The importance of the gastric movements is more thoroughly appreciated now than in the past, and methods have been devised whereby we may inform ourselves in any given case of the condition of gastric peristalsis. Much original experimental work in relation to the movements of the stomach has been done by Dr. Hemmeter. The author has also studied gastric peristalsis in the human subject by means of the x-rays. His results are valuable as confirming other recent experiments which indicate that the main peristaltic work is carried on by the pyloric end of the stomach. The methods for testing absorption from the stomach; Einhorn's ingenious invention of gastrodiaphany, or transillumination of the organ; the employment of test-meals and analysis of the contents of the stomach; the quantitative analysis of the acids of the stomach, with other tests, devices, and instruments have rendered possible far more exactitude in the diagnosis and greater success in the treatment of disorders of the digestive system. Based upon these scientific investigations, the whole subject is rendered far more intelligible than it could be before we possessed so many means of information regarding the conditions present and operative in health and disease.

The second part of the work describes the therapy and materia medica of stomachic diseases. In this portion are many diet-lists appropriate to different disorders of the digestive tract. In this part the reader will meet with numerous valuable suggestions. The third part takes up the consideration of the various affections of the organs of digestion. These disorders are delineated with care and accuracy.

The application of modern discoveries to the treatment of disease are pointed out with convincing clearness.

In cordially commending this book to the attention of the profession we may assert our belief that the author has worthily answered the question in his own mind while composing it: "How much can I aid the practitioner in his efforts toward helping and healing others?"

Diseases of the Nose and Throat. By J. Price-Brown, M.B., L.R.C.P.E., Member

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of the College of Physicians and Surgeons of Ontario; Laryngologist to the Toronto Western Hospital; Laryngologist to the Protestant Orphans' Home; Fellow of the American Laryngological, Rhinological, and Otological Society; Member of the British Medical Association, the Pan-American Medical Congress, the Canadian Medical Association, the Ontario Medical Association, etc. Illustrated with 159 Engravings, including 6 Full-Page Color-plates and 9 Color-cuts in the Text, Many of them Original. 6 1/4 x 9 1/4 inches. Pages, xvi-470. Extra Cloth, $3.50 net. The F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

In this book the author has given a succinct account of a class of diseases important from many points of view. They are exceedingly common, they are distressing in themselves, and they are liable to excite disease in related parts. Dr. Price-Brown has written this volume with the general practitioner in mind. He has intentionally omitted certain features which may be found in other text-books, and which therefore need not be repeated at the expense of space which can be more profitably utilized. Acting upon this plan, he has produced a book free from irrelevant or superfluous matter. Every practitioner should wish to treat judiciously the cases of nose and throat troubles which come under his care. By the study of this work he will be enabled to do justly by those by whom he may be consulted. The diagnosis, symptoms, and treatment of these affections is here presented in such clear and readable style that, by the aid of the numerous plates, the reader must feel that he has found a competent guide in this department of medicine.

Injuries to the Eye in Their Medico-legal Aspect. By S. Baudry, M.D., Professor in the Faculty of Medicine, University of Lille, France, etc. Translated from the Original by Alfred James Ostheimer, Jr., M.D., of Philadelphia, Pa. Revised and Edited by Charles A. Oliver, A.M., M.D., Attending Surgeon to the Wills Eye Hospital; Ophthalmic Surgeon to the Philadelphia Hospital; Member of the American and French Ophthalmological Societies, etc. With an Adaptation of the Medico-legal Chapter to the Courts of the United States of America, by Charles Sinkler, Esq., Member of the Philadelphia Bar. 5 5/8 x 7 7/8 inches. Pages, x-161. Extra Cloth, $1.00 net. The F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Injuries to the eye are by no means uncommon, and they often lead to law-suits. They are, in the majority of cases, first seen by the general practitioner. Circumstances, indeed, often impose the entire responsibility throughout the progress of the case upon the same individual. The difficulties encountered by the medical attendant are all the more serious, inasmuch as the eye may have been the seat of congenital anomalies or may exhibit acquired lesions which existed prior to the accident and which may have been unknown to the patient. These facts have an important bearing upon the result of medico-legal inquiries. It consequently follows that a book which deals with such subjects is adapted to be of particular value. In the work before us we find passed in review the various accidents which may involve the eye as a whole and an analysis of injuries affecting the different portions of the organ of vision.

The book is divided into four parts. The first relates to traumatic lesions of the eyebrows, eyelids, conjunctiva, and the orbit. The second takes up consecutively accidents to the cornea, sclera, iris, choroid and ciliary body, retina, crystalline lens, vitreous humor, and, finally, considers traumatic lesions of the eye as a whole. The third part is devoted to simulated or exaggerated affections of the eye, and is well worthy of study. The fourth part treats of medico-legal expert testimony, and is adapted to the requirements of American law. Blindness is,

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of course, the most important result which may be caused by wounds of the eye, and in this work this sad consequence is described as it occurs after injuries of various sorts and affecting different parts of the visual apparatus.

The book is written in that clear style for which French authors are famous, and the work of translation has been well performed. The publisher has issued the work in excellent style, and the result of these combined labors is a book which should be in every physician's library.

The International Medical Annual and Practitioner's Index. A Work of Reference for Medical Practitioners. 1900—Eighteenth Year. New York: E. B. Treat & Co.

The "International Medical Annual" is a well-known publication, and enjoys a well-earned reputation. The text is prepared by a number of authors upon both sides of the Atlantic, and the work of compilation and condensation has been very skillfully performed. Among the list of contributors we read such established names as E. Hurry Fenwick, T. Colcott Fox, Samuel G. Gant, William A. Purrington, J. Dundas Grant, Thomas More-Madden, Joseph McFarland, William Murrell, Joseph Priestley, Boardman Reed, A. W. Mayo Robson, Robert Saunby, W. Gilman Thompson, and R. Norris Wolfenden. The enumeration of these names is a guarantee that the work has been carefully performed. The present volume contains a series of articles which represent the additions to our knowledge acquired during the past year, and includes a large amount of original matter. This annual will undoubtedly be found a very useful and competent guide to the vast field of medical literature.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc.; Assisted by Charles Adams Holder, M.D., Assistant Demonstrator of Therapeutics in the Jefferson Medical College. Volume I. March, 1900. Surgery of the Head, Neck, and Chest—Infectious Diseases, including Acute Rheumatism, Croupous Pneumonia, and Influenza—Diseases of Children—Pathology—Laryngology and Rhinology—Otology. Philadelphia and New York: Lea Brothers & Co., 1900.

The present number of this most excellent series is full of important matter, the general subjects of which are intimated in the title page. Those in charge of the different sections of the volume have given us the essential part of the noteworthy publications, while whenever it may prove of assistance the department editor summarizes in critical style the abstracts he has made. The selections in the present volume have all been made by writers who are specially qualified for the task. For instance, J. Chalmers Da Costa, in connection with the literature of mammary carcinoma, gives an excellent review of Halsted's operation and recounts his own experience. In the same spirit Dr. Frederick A. Packard comments upon recent publications relative to rheumatism, its complications, and treatment. Dr. A. Logan Turner presents a review of the question of the relation between nasal disease and asthma. The pages devoted to disease of the accessory sinuses of the nose are also full of interest. The section on pathology is under the supervision of Ludvig Hektoen, than whom none is more competent to select the positive additions to knowledge in this branch of medical science.

The entire volume is a faithful mirror of the advances which have been made in the departments to which it is dedicated. It carries out in a thorough manner the principles upon which the series is founded.

Essentials of Surgery. Together with a Full Description of the Handkerchief and Roller Bandage. Arranged in the Form of Questions and Answers. Prepared

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Especially for Students of Medicine. By Edward Martin, A.M., M.D., Clinical Professor of Genito-Urinary Diseases in the University of Pennsylvania. Illustrated. Seventh Edition, Revised and Enlarged. With an Appendix Containing Full Directions and Prescriptions for the Preparation of the Various Materials used in Antiseptic Surgery and Several Hundred Receipts Covering the Medical Treatment of Surgical Affections. Philadelphia: W. B. Saunders, 1900. Price, $1.00 net.

This book is No. 2 of "Saunders's Question-Compends." The author has compressed much fundamental information into the volume. Within its restricted sphere it may be trusted as a reliable guide. In preparing this edition the writer has embraced the opportunity of making many alterations and additions in order to render it more representative of the present state of surgery. The book is well provided with illustrations and we have no doubt will be considered as helpful by present and future students as it has been in the past.

The Anatomy of the Brain. A Text-book for Medical Students. By Richard H. Whitehead, M.D. Professor of Anatomy in the University of North Carolina. Illustrated with 41 Engravings. 6 1/4 x 9 1/2 inches. Pages, v-96. Extra Vellum Cloth, $1.00 net. The F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This careful descriptive anatomy of the human brain is adapted to fill a useful purpose in the education of medical students and as a work of reference for those who have long been out of college, engaged in arduous professional work and with but few opportunities of refreshing their knowledge of the anatomy of the central organ of the nervous system. The text is plain and to the point, and it is appreciably assisted by the excellent plates by which it is accompanied. Anatomical nomenclature as regards the brain has changed so much in recent years that the older generation of physicians have need of a work which shall interpret for them many terms which they meet with in the course of their reading. At the present time, when it is within the province of surgery to intervene in certain cranial and cerebral diseases, it is more than ever incumbent upon the student to acquire correct ideas of the topography of the brain in relation to the exterior of the skull.

CURRENT MEDICAL LITERATURE.

The Non-retarding Action of Combined Hydrochloric Acid on Starch Digestion. By A. E. Austin, A.M., M.D.

Practical Talks to General Practitioners on the Essentials of Modern Stomach Work, with an Appendix on Some Often-Neglected Points in Examinations of the Urine. By Boardman Reed, M.D.

Chronic Interstitial Nephritis, Treatment of the Heart Therein. By Arthur R. Elliott, M.D., Chicago.

Some Remarks on Chronic Bright's Disease. By Arthur R. Elliott, M.D., Chicago.

One Hundred and Sixty-six Cases of Cancer of the Pregnant Uterus Occurring Since 1886. By George H. Noble, M.D., Atlanta, Ga.

Eudoxine in Pædiatric Practice. By Gustavus M. Blech, A.B., M.D., Chicago, Ill.

The Treatment of Epidemic Cerebro-Spinal Meningitis with Arsenite of Copper. By Louis Kolipinski, M.D., Washington, D. C.

Transactions of the Medical Society of the State of West Virginia, held at Weston, May 17, 18, and 19, 1899.

Erysipelas. By Augustus A. Eshner, M.D., Philadelphia.

Twenty-first Annual Announcement of the Central College of Physicians and Surgeons, Indianapolis, Ind.

The Literary Sources of our Pharmacopœia. By Ralph Stockman, M.D.

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COMMERCIAL NEWS.

Inhalation of Formalin in Phthisis.

The British Medical Journal of January 28th brought out a most interesting paper by Dr. William Murrell, dealing with the essential oils, and other volatile substances, in the treatment of phthisis, in which he discards the use of essential oils, but favors the use of formaldehyde, or formalin, which he subjected to severe tests for the inhibition of the bacillus tuberculosis, showing that the addition of glycerin retarded the results, which with formalin pure and simple answered all his expectations.

The cases which Dr. Murrell reports all show that with the formalin treatment, without any addition, he was uniformly successful, the patient being told to inhale the substance mostly by dropping it on lint, and thus allowing it to be absorbed by inhalation.

We call to mind this contribution of Dr. Murrell, while we wish particularly to make some remarks on the paper of Dr. Lardner Green, which we find in the same journal under date of January 20th last.

The author fully indorses, by personal observation, the conclusions Dr. Murrell has come to, and it is satisfactory to notice that he also has applied this gas by inhalation, to the full advantage of his patients.

Dr. Lardner Green, however, introduces into his prescription two incompatibilities, which we consider it desirable to point out, and Dr. Murrell's data will assist or confirm, from a bacteriological point of view, the advice not to introduce glycerin. There is, besides, an abundancy of literature showing that glycerin forms with formaldehyde a chemical compound named glyceroformal, which impairs the non-toxicity of formalin, and, although this compound has been recommended for disinfecting purposes, closer study has shown that the more toxic properties of this body by no means assist antiseptic action, but rather impede it. As we said before, this has been confirmed by Dr. Murrell, and it is by no means desirable to encourage the mixing of these two bodies.

As Dr. Green has experienced, some persons are more susceptible than others to the fumes of formalin, and for this reason he recommends, where indicated, the addition of aromatic spirit of ammonia. Truly enough, this addition will effect a material reduction of the penetrating effect of formalin-gas, for the very simple chemical reason that formalin-gas has great affinity for ammonia, with which it readily forms a neutral compound,—formamide,—and, as will be understood, the binding up of formalin, thereby reducing very effectually its activity as a bactericide.

The very simple logic would be that, if a patient finds the fumes of formalin irritating,—that is, more so than he can conveniently bear,—let him reduce the solution by a further addition of water: try half the strength, or even much less—say, one-tenth —which will still be effectual as an inhalation; but it will be found that even the sensitive patient will gradually be able to bear the greater volume of gas, similarly as a visitor to the room of a patient where a free use of formalin is made will, after a very short time, fail to notice the first inconvenience of the presence of the gas.

The great advantage of formalin-gas in the treatment of phthisis is shown by a great number of authors, and also that it is equal —nay, preferable—in most cases to the open-air treatment, unless the open air can be had on the top of a mountain and well removed from the contamination of a populated community. The simple reason for this is the great affinity of formalin-gas for all nitrogenous and sulphur compounds, which it quickly eliminates from the air of the room occupied by the patient, and for which reason it will, under all conditions, favor the general treatment of disease and minimize its symptoms. In this respect the use of formalin offers the inducement of further study of what cannot fail to be a most gratifying subject.

(Continued on Advertising Page 18.)

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Creosotal in Acute Pulmonary Diseases.

The action of creosotal in acute diseases of the lungs, such as pneumonia, bronchopneumonia, grippal pneumonia, etc., Dr. F. Hoelscher says, is even more remarkable than in chronic cases, as is shown by the researches which have just been published by Cassoute and Corgier from the hospitals of Marseilles. Pneumonia is cut short by the early administration of large doses of creosotal, and the course of the disease is noticeably shortened when the drug is administered later on in the disease. The typical fall of temperature occurs in twenty-four hours after the administration of the drug. The afebrile condition is a permanent one if the exhibition of the creosotal is persisted in. The temperature rises, however, if the administration of the remedy is discontinued before the auscultatory signs have completely disappeared. The sequelæ that so frequently occur, and more especially tuberculosis, are completely avoided by the creosotal treatment of acute diseases of the lungs.

Treatment of Rheumatism.

Dr. A. F. Schellschmidt (New Albany Medical Herald, February, 1900) states that he has had very indifferent results from the administration of the salicylates, as a rule, his cases dragging along, week after week, without appreciable benefit from them. Since last fall he began a systematic exhibition of aspirin in acute rheumatism, and the results obtained have been exceptionally favorable. He gives the drug in doses ranging from 10 to 20 grains, prescribing it in powders, and directing the patient to suspend it in water by the aid of sugar. It is insoluble in water and also in acid media, passing unchanged into the intestine, where it is decomposed. Aspirin was found to have an action similar to salicylate of sodium without the distressing stomach disturbances of the latter. Its action in the author's hands was very rapid, very few cases requiring more than twenty-four 15-grain powders. In one of the cases reported in which the rheumatism was of gonorrhœal origin, aspirin gave better results than had previously been obtained from other remedies in similar cases. In only one instance was morphine required to relieve the acute pain. Lemonade was allowed in large quantities. The use of meats was interdicted, and instead of coffee a liberal amount of milk was ordered. The bowels were kept open with castor-oil, and hot hop-bags were applied to the affected parts.

The Proper Treatment of Headaches.

J. Stewart Norwell, M.B., C.M., B.Sc., House Surgeon in Royal Infirmary, Edinburgh, Scotland, in an original article written especially for Medical Reprints, London, Eng., reports a number of cases of headache successfully treated, and terminates his article in the following language:—

"One could multiply similar cases, but these will suffice to illustrate the effects of '5-grain antikamnia tablets' in the treatment of various headaches, and to warrant the following conclusions I have reached with regard to its use, viz.:—

"(*a*) They are a specific for almost every kind of headache.

"(*b*) They act with wonderful rapidity.

"(*c*) The dosage is convenient.

"(*d*) The dangerous after-effects so commonly attendant on the use of other coal-tar analgesics are entirely absent.

"(*e*) They can therefore be safely put into the hands of patients for use without personal supervision.

"(*f*) They can be very easily taken, being practically tasteless."

Nature's Needs.

A brief consideration of what may be termed the physiology of disease will throw much light on the subject of the needs of Nature in the period following the subsidence of the symptoms.

Symptoms may be said to be intensified

(Continued on Advertising Page 20.)

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Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

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Genito-Urinary Sedative.

Subdues Inflammation of Mucous Surfaces of Urinary Passages. Indicated in Cystitis and Urethritis, Acute or Chronic. Impedes Development of Gonococci.

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DOSE—1 to 2 drachms.

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A Potent Stimulant to the Glandular System. Promptly Reconstructive in Local or General Disturbances of Hard or Soft Tissue.

TONIC, ALTERATIVE, STOMACHIC.

Indicated in Anæmia, Chlorosis, Specific Invasions, and Convalescence.

Each fluidrachm contains:—
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1-128 gr. Bichlor. Mercury.
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Resolvent, Regenerant, Antiarthritic, Antirheumatic, Antisyphilitic. Excites Normal Lymphatic Energy, Hastens Waste Elimination, Encourages Resolution, Energizes Iodides and Salicylates.

Colchicine, 1-20 gr.; Decandria, 1-10 gr.; Solania, 1-3 gr.; Sodium Salicylate, 10 grs.; Iodic Acid (equal to 7-32 gr. of Iodine), in 2 fluidrachms of Aromatic Cordial.

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Elixir Phosphorus Comp.

The difficulty experienced in dispensing Phosphorus in a safe, accurate, and agreeable form has for many years been the greatest drawback to the extensive use of this valuable remedial agent. In this preparation all of these objections have been thoroughly overcome; it is absolutely reliable, non-irritating, and very pleasant to the taste. Each fluidrachm or teaspoonful contains one one-hundredth (1-100) of a grain of Free Phosphorus held in perfect solution and of assured stability, keeping without oxidation or change for any length of time. It may also be combined with other preparations, such as Tinct. Nux Vomica, Tinct. Ignatia Amara, Tinct. Cinchona Comp., Elixir Iron, Quinine, Strychnia, etc. The quantity of Phosphorus in each teaspoonful being assured to the Physician, he can readily prescribe this Elixir with confidence and advantage to the patient.

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Professor Shoemaker says: "In medicinal doses the action of Phosphorus upon the nervous system is that of a tonic and stimulant. It is useful in nervous debility, neuralgia, sexual excesses, anæmia, paralysis, melancholia, morphinomania, rickets, boils, acne, eczema."—*Vide Materia Medica and Therapeutics*, vol. ii, pp. 8–10.

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physiological functions accentuated to such an extent as to constitute abnormalities. This is true of fever, pain, and the whole host of symptoms ascribable to special organs and tissues. Emaciation and nervous exhaustion ensue because the processes of disease, requiring, as they do, fuel for increased oxidation, deplete the patient of nervous force and tissue-structure. Nature's method of repairing waste—by food—is prevented, because the digestive organs share in the general enfeeblement consequent upon disease. The patient has neither the inclination to eat nor the physical powers necessary to digest and assimilate food.

It is in just this class of cases that the restorative effects of Gray's glycerin tonic comp. are most pronounced. Because of its alterative, tonic action upon the gastric mucous membrane, it takes hold of the dormant, torpid nutritive functions and stimulates them to normal physiological activity. Appetite is engendered, atonicity of the digestive functions is abolished, and the patient is able to eat, digest, and assimilate a sufficient amount of food to replace waste of tissue, impoverishment of blood, and depletion of nervous force. It thus duplicates and reinforces Nature's recuperative powers; hence the value of Gray's glycerin tonic comp. in convalescence from grip, typhoid fever, malaria, pneumonia, etc. It can always be relied upon to effect the desired results in all forms of anæmia.

The Cleanliness of To-day.

Prof. Charles H. Stowell, M.D., writing on the hygienic care of the household in "Trained Motherhood," recommends the use of Platt's chlorides for the regular disinfection of waste-pipes, closets, cellars, etc., remarking: "To be clean nowadays means to be free from germs and all such mischief-making things! I have used and prescribed Platt's chlorides for nearly a score of years." What is a dollar or two a year compared to a long illness, with all its suffering, to say nothing about the expense?

A Valuable Nerve-sedative.

A. O. Stimpson, M.D., C.M., Thompson, Pa., says: "I have used and prescribed celerina as a nervous sedative in a sufficient number of cases to test its medical virtues, and by experience I find that it is by far the most effective anodyne compound that is made. It is especially adapted to such cases that will not tolerate opiates, especially in neurasthenia and hysterical convulsions. I have also used it as a calmative in several cases of insomnia, brought on by overindulgence in the use of alcoholic stimulants. I have often combined it with Peacock's bromides very effectually.

Case I.—Miss A. C., a young lady, inheriting an extremely-nervous temperament from her mother, was treated by me three months ago for amenorrhœa and chlorosis. Preparations of iron were prescribed for her with decided benefit, as a constitutional treatment, but she could get no rest at night, only when completely exhausted. Opiates of various kinds proved more of an excitant remedy than calmative. By the frequent and repeated use of bromides of potash, soda, and ammonia, she would obtain rest when her stomach would tolerate the remedies, but celerina proved to be the *sine quâ non* in her case, the second dose scarcely ever failing to procure a protracted and refreshing sleep.

Case II.—Mr. F. L., a professional house-painter, occasionally afflicted with colica pictonum, immediately relieved of pain and trembling by repeated doses of celerina given in milk.

Case III.—Mrs. J. G., an aged lady, suffering from hemiplegia, attended with annoying formication in palsied limbs, was relieved of these disagreeable symptoms and of insomnia by the use of celerina. Opiates of any kind failed to have any beneficial effect, and the bromides and preparations of valerian disagreed with her stomach.

Case IV.—Mr. S. S., an habitual toper, had had no sleep for three nights in succession, where the stomach was in such a

(Continued on Advertising Page 22.)

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condition that it refused to tolerate alcoholic stimulants in any shape, was speedily relieved by the use of celerina.

Case V.—A. C., a young child, 2 years old, suffering from hydrocephalus, was greatly benefited by the use of celerina as a nervine sedative, and is in a fair way to gain unlooked-for health.

The Best Bromide Combination for Epilepsy.

Dr. Edward Francis Brady, in an article entitled "Epilepsy" (Hospital Bulletin and Clinical Reports) says: "I do not approve of the Gowers plan of treatment. The dosage is too massive and I think unsafe. The danger from collapse is always to be feared, and if this is escaped bromism is almost certain to be produced. I think that the combination of all the bromides—the potassium, sodium, ammonium, calcium, and lithium—is the best form in which to use them; for that reason I always use Peacock's bromides. This preparation contains the five bromides, and is a safe, reliable, and staple article, and by its use we escape the substitution of pharmacies."

Maltine cum Creasote in Practice.

"Mr. W. D., aged 23, residing with his parents on Madison Street, a few blocks from my office, called me in some weeks ago for treatment. I found the young man in bed and in a very bad condition. He was not only suffering from a severe injury received while following his vocation, but also with a severe cough, with copious 'coffee-ground' expectoration, which, upon microscopical examination, proved to be tubercular. It is now about two weeks since I started him on 'maltine with creasote,' and to my astonishment found upon my last examination that his cough and expectoration had both ceased. I find, upon palpation and phenendoscopical auscultation, great improvement in his right lung, as well as the apex of the left one. I can't speak enough in favor of 'maltine with creasote,' and shall use it upon all my pulmonary patients hereafter."—M. A. Auerbach, M.D., New York.

A Case of Sinus.

G. W. Bodey, M.D., of Kettlersville, Ohio, says:—

"I used ecthol on a case of sinus extending from the inner and middle of the right thigh upward and outward nine and one-quarter inches in length. It had been operated upon in that locality twice, also once on the canal from the psoas abscess, its starting-point. The sinus was lined with a tough pyogenic membrane; so that by inserting the index finger its full length occasioned no pain. The young man, 22 years old, would submit to no further operation. I inserted perforated rubber tube, one-half inch in diameter, nine inches, burned or destroyed the membrane with chloride-of-zinc solution, after which I used ecthol, filled the cavity completely full three times a day, and the pus ceased to flow from the very beginning. I continued its use until I could not insert even a catheter. I applied a rubber bandage for five weeks, dismissed him then as cured; the period extended over eight months. I used five bottles of ecthol. I dismissed the case in May last, and will wait to see further results, then I will try to write an article on that case and on two others on whom I used the medicine. My faith in ecthol is unlimited, and can only say the case above described, from a city of twenty-eight physicians, has increased my practice in that locality."—Medical Brief.

Inorganic Iron.

Henry, in a recent medical essay, after referring to the hypoplasia of the blood-forming organs noted in chlorosis by numerous observers, states that the essence of the affection lies in a reduced amount of hæmoglobin and consequently feeble oxygen-carrying power in the red blood-cells, and

(Continued on Advertising Page 24.)

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that this deficiency is due to inherent biochemical peculiarities of the cell itself which make absorption of hæmoglobin difficult. Referring to the use of iron, he states that on account of its marked hæmoglobin-genetic function, inorganic iron is the form in which the remedy should be administered. In three chlorides (liq. ferrisenic) a serious disadvantage of iron preparations—constipation—is completely obviated by combination with the glandular stimulants: bichloride of mercury and arsenic in small, assimilable doses. Give in milk or water.

Treatment of Chorea.

Dr. H. S. Greeno (Memphis Medical Monthly, February, 1900) states that there are certain cases of chorea in which arsenic, even when employed continuously, fails to control the choreic condition. Although this drug is well tolerated in large doses by some persons, in others even small doses may give rise to severe gastro-intestinal irritation or to injurious effects upon the nervous system. For these reasons the author was induced to test the value of quinalgen in the treatment of chorea, to which attention had been called by Dr. Moncorvo several years ago. During six months he has employed this drug successfully in a number of cases. He thinks that in addition to medicinal treatment, perfect rest, in bed if necessary, is the most important auxiliary. If the choreic movements are so violent as to prevent sleep, hypnotics are also indicated. The diet should be regulated, and all articles of food avoided which may have a tendency to produce gastric disturbances.

Vaginal Douching.

In Gould's "Year-book of Medicine and Surgery" for 1900 Byron Robinson, M.D., of Chicago, Ill., in advocating the use of vaginal douching says that when properly used it is capable of doing a vast amount of good, but much depends upon the amount of the fluid, the degree of heat, etc. He advises a fountain-syringe with a four-foot lead and holding at least four gallons and at a temperature of 103° F., and increased until as hot as can be borne. Begin with 3 quarts and increase 1 pint a day until 4 gallons are taken. He also advises that some astringent preparation be used to check waste of secretion. For this purpose Micajah's medicated uterine wafers are especially useful. They are astringent in action, thus contracting the vessels and tissues, and they check waste of secretions. They prevent reaction after douching, and stimulate the mucous membranes. They are antiseptic, and should always be used in connection with the vaginal douche for the above reasons.

Eskay's Food.

The readiness of prominent physicians to recommend Eskay's Food in reporting their clinical experiences shows how completely this most excellent product has gained their confidence.—Monthly Cyclopædia of Practical Medicine, February, 1900.

Visitors to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

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THE TREATMENT OF DIARRHŒA.

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Materia Medica and Therapeutics in the Medico-Chirurgical College of Philadelphia.

THE residue of incompletely-digested food acts as a foreign body and irritant tc the mucous membrane of the bowel, augmenting the secretion of the follicles and exciting peristaltic movements. These represent Nature's efforts to remove offending material. They are in so far conservative that, after expulsion of the irritating mass, its pathological consequences, and the symptoms to which they give rise, tend to subside.

Fermentative changes, especially in amylaceous articles of food, cause pain and aggravate the mischief. Indigestion is the starting-point of ordinary cases of diarrhœa. Prominent causes of indigestion are irregular and hurried meals, active bodily or mental exertion directly after substantial meals, nervous agitation or depression, insufficient mastication, and the influence of summer-heat. With the exception of the last-named factor, they are operative every day all the year around. High temperature favors the occurrence of indigestion and diarrhœa by its powerfully-depressant action on the nervous system. Indiscretions which would produce little result in colder weather may provoke a severe attack of diarrhœa in summer. Beyond doubt the rapid and frequent drinking of ice-water assists in the development of intestinal disorder. It goes without saying that all these morbific elements act particularly upon infants and young children, and summer is pre-eminently the season of infantile diarrhœa. Furthermore, along with the diminution of digestive power the milk supplied by dealers may have itself undergone changes which render it a direct cause of disease. The fermentation of the intestinal contents is due to the activity of bacteria, which abound in the canal.

These brief considerations already furnish us with some guiding points relative to the prevention of diarrhœa. The first thought which suggests itself relates to the importance of careful hygienic and dietetic habits. The active and persistent efforts of the medical profession have brought about a great and beneficial improvement in the nature of our milk-supply. It is now generally possible for citizens to obtain a pure, unadulterated, and sterilized milk. The artificial rearing of infants has received close study within the same period, and conspicuous advances have been made in our methods. Together with these alterations it has become much more customary for people to make holiday excursions to the country or sea-side. It is now within the means of most persons to

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take such summer trips. A sojourn of only a few days in the purer air of the country accomplishes great good, both as a prophylactic and remedial agency. A ride to the park on open trolley-cars or a trip on a river steam-boat are other short outings which can be taken at a moment's notice and which soon transport ailing children and wearied mothers to more favorable surroundings. For such reasons, alluded to thus cursorily, and others which act in a similar direction, severe cases of infantile diarrhœa and cholera infantum are, I think, considerably less numerous, in Philadelphia at least, than during the earlier years of my practice in this city.

Scrupulous cleanliness of the integument and attention to the gastro-intestinal mucous membrane are of much avail in the prophylaxis of diarrhœa. The utility of bathing or sponging the body with cool water is unquestionable. The direct abstraction of heat quiets the nervous centres and invigorates resistance to deleterious influences.

Our patients, however, generally come to us when disease is already established. The time for prophylaxis is past. A regulated diet has much remedial influence. If an acute case is seen early, and, above all, if particles of undigested food are passed with the discharges from the bowel, I adhere to the old, but sound, practice of giving a dose of castor-oil and laudanum. A laxative dose of the oil is ordered together with 5 or 10 drops of laudanum or a proportional fraction in case of young children. This combination sweeps away offending material, reduces turgescence of the intestinal mucous membrane, and assists in checking the discharges. In severe cases it paves the way for the administration of other agents.

In infantile diarrhœa, and more especially in the graver forms, or cholera infantum, it is necessary to restrict the diet. It is at all times too much the custom for parents to allow young children to "have the run of the table," as they express it, or, in other words, to partake of the same food as their elders. In numberless instances this pernicious practice is the foundation of indigestion and diarrhœa. Those of tender years should be fed upon simple, nutritious, and easily-digestible food, in accordance with the physiological laws of digestion. In such cases I forbid the use of bread, meat, and potatoes. If a babe is at the breast, it is, of course, getting the sustenance which Nature designs for it, provided that the mother's milk is of normal quality and sufficiently abundant. In artificially-reared infants I restrict the little patient to sterilized cows' milk, modified as regards the water and sugar according to the age of the child, to barley-water, rice-water, or rice-water and milk; the white of egg whipped up with milk and slightly sweetened; to junket, or the expressed juice of meat. A good variety of artificial food also often answers a useful purpose in this class of cases.

In the medicinal treatment of diarrhœa the combination of an opiate and astringent was long the accepted method. To a large extent this plan has been abandoned with our altered conceptions of the pathogenesis of inflammation. It is now generally regarded as a more rational procedure to disinfect the alimentary canal, to check the development of bacteria, and neutralize their deleterious products.

Ipecacuanha is a drug which I often employ in small doses, particularly in the diarrhœa of infants and young children. Used in this way it possesses a stimulating influence on the functions of stomach and liver, acts upon the intestinal glands, and strengthens the digestive functions. It should be remembered that the digestive fluids themselves are inimical to the growth of bacteria. Bismuth has a valuable sedative action upon the intestinal mucous membrane, and is of decided service in diarrhœa. Its influence is directly local, and to a certain extent mechanical.

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On account of its comparative freedom from toxicity it can be given to young subjects in appreciable doses. The subnitrate is the salt most frequently employed, although the subcarbonate is also an excellent preparation. The salicylate of bismuth is likewise serviceable in summer diarrhœa, and is more decidedly antiseptic than the subnitrate or subcarbonate. One or other of these salts may be effectively given in conjunction with ipecacuanha. In cases accompanied with much pain the last drug may be advantageously prescribed in the form of Dover's powder. Some of the preparations of calcium are also of benefit, especially when the feculent discharges are unusually acrid. Liquor calcis; creta preparata; the carbonate, phosphate, or salicylate of calcium may be beneficially added to some such combinations as have just been indicated. Salol is an efficient disinfectant of the intestinal tract and is of undoubted value in diarrhœa. By reason of the proportion of carbolic acid which it contains and the consequent possibility of damaging the kidneys the urine should be watched while a patient is taking salol. I customarily order it in the dose of 5 or 10 grains for the adult, and in amounts graduated to the age of young children. Salicin is an analogous remedy which I often employ. It is well tolerated by the stomach, is tonic and antiseptic. It can be given in doses of 1 grain to children one year of age. Naphthalin and naphthol, both the alphanaphthol and betanaphthol varieties, also antagonize diarrhœa in a similar manner to the salicylates. I have myself generally given the preference to betanaphthol. This preparation is of rather exceptional antiseptic power, although comparatively innocuous.

Camphor is a valuable remedy in diarrhœa. It checks the growth of germs, dispels flatulence, arrests discharges, and combats the debility which has been caused by excessive drain. Carbolic acid or creasote may likewise be employed with advantage. They act by disinfecting the intestinal canal and by arresting fermentation. Another agent which possesses a distinctively favorable influence in most forms of diarrhœa is coto-bark. This remedy has proved of value in functional diarrhœa, cholera infantum, and gastro-intestinal catarrh, but is contra-indicated where there is decided hyperæmia or ulceration of the bowel. A number of mineral and vegetable astringents have been employed from time immemorial. Many of these are endowed with antiseptic properties and are, perhaps, as efficient for this reason as on account of their astringency.

Chloral is an efficacious drug, particularly where the lower bowel is affected and tenesmus is present. In this substance likewise we have an excellent antiseptic. Chloral reduces the excessive peristalsis which is one of the factors in diarrhœa. I have generally used this remedy in the form of a suppository, and in the class of cases which I have indicated it is undoubtedly of decided value. It is often well to associate a little opium with the chloral. In severe cases an efficient method is the irrigation of the bowel with large quantities of plain or medicated water. This procedure is capable of producing an antiperistaltic movement whereby the fluid passes through the ileo-cæcal valve and obtains admission to the small intestine. In this manner we are able to exert a powerful and direct impression upon the inflamed gut. For an adult the quantity of water used is 4 pints, in which is incorporated from 2 to 4 drachms of tannic acid, 1 $^1/_2$ ounces of pulverized gum arabic, and 30 drops of the wine of opium. For children the amounts must be proportionately reduced.

There are many more substances which I might enumerate and which have been used with more or less success, but the foregoing outline-sketch includes those upon which I have been accustomed to

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rely. They are synergistic, and may be often variously combined with much benefit.

A MOST VALUABLE PREPARATION OF MERCURY.

By Charles M. Hickey, M.D.,

Visiting Surgeon to the Genito-Urinary Department, O. D. P., Bellevue Hospital, Cornell University Division,

NEW YORK.

Ever since Keyes, Lydston, and others directed attention to the importance of mercury, this metal and its salts have occupied the front rank in therapeutics as a tonic in anæmia and specific in syphilis. Still, in the course of clinical experience it has but too often been found that compounds of mercury, while of undoubted value, nevertheless possess many disadvantages which manifest themselves where either a long-continued administration or large doses, or both, are found necessary.

As regards therapeutic efficacy, quickness of action, and a preparation free from unpleasant and deleterious results, I regard the bromide of mercury, gold, and arsenic (generally known as mercauro) an unequaled remedy in syphilis, and to its use I owe much success in many trying cases.

A citation of the clinical histories of all the cases observed by me must be omitted here for want of space. It is, however, essential to quote a few of these, since they demonstrate my statement regarding the prompt and satisfactory action of this mercurial.

Case I.—T. W. C., aged 28, came under my observation in May, 1899. *Status præsens*: young man, fairly well nourished, but possibly a trifle anæmic. Primary specific lesion just back of the frænum; on the arms, front and back of the chest characteristic eruption; mucous patches inside of the lips and on tongue. Throat red and characteristic. Diagnosis, syphilis. Under treatment six months with mercauro; dose increased to 40 drops in a glass of Vichy water three times daily after meals. All symptoms have disappeared; he is apparently perfectly well, but still under treatment.

Case II.—D. E., aged 55, complained of failing health during past eighteen months, constant micturition, extremely anæmic, very much emaciated, mucous patches in his mouth and on one tonsil, ulcer on left ankle; urinalysis showed 4 per cent. of sugar. Diagnosis, tertiary syphilis complicated with diabetes mellitus. Treatment: Mercauro in gradually-increasing doses. He took 50 drops three times daily for three months; sugar disappeared in seven weeks; general health is steadily improving. He is still under observation.

Case III.—J. S., 19 years old, gave history of primary lesion in December, 1898. He treated sore, using calomel, and claimed to have healed it. March, 1899, he presented himself; examination showed marked symptoms of late secondary and early tertiary manifestations. Fever; pain in head and bones; marked adenitis in groins and side of neck. Hair falling out in large quantities. Mucous patches on side and tip of tongue; patient very anæmic, and health failing rapidly.

In this case the constitutional symptoms were so distressing that I increased the dose of mercauro very rapidly. Fifteen drops were given in $^1/_2$ goblet of water three times daily and 5 drops hypodermically.

He was brought under the physiological effect on the fifth day. Mercauro was then given him by the mouth only. His improvement was remarkable. Twenty-five drops was his full limit of saturation. He has been taking this dose for some months and is apparently in perfect health.

Case IV.—F. W., aged 30. Rash appeared latter part of March, 1898: venereal sore on the lip. His condition when he

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presented himself was very bad. A severe stomatitis had caused him great annoyance. I ordered mercauro for him; gave a small dose (8 drops) largely diluted, and regulated his diet. The bowels were flushed out with Rochelle salts once each week. He showed marked improvement each week. The 8-drop dose was continued for ten weeks, then rapidly increased, improvement being quite marked. Toleration was reached at 95 drops three times a day, the patient showing a fine condition. I reduced the dose to 75 drops t. i. d., which he continued for three months, when all evidence of disease had vanished.

CASE V.—C. C., aged 56, presented himself giving the history of chronic gonorrhœa of four years' standing. He was greatly exhausted and debilitated. Had visited quite a number of dispensaries throughout the city, but had obtained no relief. I questioned him minutely, but found nothing directly pointing to any special malady, except recurrent attacks of herpes zoster. The urine-test gave specific gravity 1060, and was astonished to find 6 per cent. of sugar present. Malnutrition evidently was an accessory cause of his long-continued gonorrhœa. I put him at once on mercauro. Sugar disappeared entirely in six weeks, and, combined with the use of the steel sound and deep urethral injections, his discharge ceased in three months. Mercauro was given without omission in 60-drop doses three times daily for five weeks.

It is, I think, of interest to my colleagues to know that there is a mercurial which exerts a fully-desired mercurial influence, yet does not cause loss of appetite, general derangement of the alimentary tract, or the distressing symptoms which mercury so frequently causes.

151 EAST THIRTY-FOURTH STREET.

Dr. John B. Walker has been appointed visiting surgeon to Bellevue Hospital, second division, *vice* Dr. F. H. Markoe.

SO-CALLED PYORRHŒA ALVEOLARIS.—DENTIFRICES. — EXPERIMENTS WITH H_2O_2.

BY EPHRAIM CUTTER, LL.D.,
M.D., Harvard, 1856, and University of Pennsylvania, 1857;
NEW YORK.

SO-CALLED PYORRHŒA ALVEOLARIS.

TWENTY-SEVEN years ago my attention was seriously arrested and called to the general subject of tooth-decay in the person of my son, then 15 years old. I asked myself: What is our civilization worth if it gives a majority of permanent teeth decayed when their owners are 15 years of age?

I was mad at myself for this physiological sin. I thought much and hit on the use of common flour as one great cause of endogenous tooth-decay, from its deficiency of mineral elements as compared with whole wheat. I could find no chemical analysis. I got Prof. T. H. Sharples to make one, and he found a great deficiency. Soon after this, the late Dr. J. R. Nichols, editor of the Boston Journal of Chemistry, told me of the admirable works of Prof. Samuel W. Johnson, A.M., especially "How Crops Grow," which had analyses of many foodstuffs. I found they tallied with that of Professor Sharples's. Bent on a reform to supply proper mineral food to make good teeth, I threw my whole soul into the work, and made morphological studies of foods, published papers widely on the subject, especially in 1882, on "Cereal Foods," which, without my knowledge, was reproduced as to illustrations by a medical college professor in Kentucky, and by him thrown on the screen before the National Millers' Association. The result was that a few years later another analysis showed that a more perfect milling of common flour had doubled its mineral elements! I am sustained in my belief that the above idea of mineral deficiency was correct, because my children's teeth ceased to decay,

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and they have had a tolerably good dental development, considering their embryonal environment of common flour. And the use of whole-wheat preparations by said children also sustains said opinion.

But this reform was not enough. As life went on, my teeth, which during my medical pupilage were so badly decayed that they apparently would not last to full manhood, still tolerably survived, and, after the flour crusade, had little endogenous decay. Nevertheless some of them succumbed to exogenous decay—the gums and alveolæ receding, leaving the fangs more or less denuded, and giving an impression that the teeth were growing longer! Calcareous matters were roughly deposited outside the teeth ever increasingly, which effervesced in acid and were regarded as calcium carbonate organized by the parasitic cryptogams, on the same principle as zoöphytes do coral from the carbonate of lime in the sea-water. I found that the process was slow and not exactly painful; unless colds were taken, when the sickly tooth would take the brunt, ache, swell, and inflame the gums—that sometimes abscesses were formed, and these procedures would end in loosening the tooth so as to be very painful in eating or drinking, and its extraction by my fingers followed with much relief—or that a much greater denudation and alveolar necrosis would leave the tooth more sensitive than before. Sometimes the tooth would painlessly jump out from its socket and be found loose in the mouth, forced out by the unconscious movements of the tongue when my mind was absorbed by a patient's care. I recollect, while studying the morphology of this so-called pyorrhœa alveolaris, one large molar, whose fangs were studded with numerous beautiful long spines, rounded at tip and glistening like the enamel. They seemed to me the metabolistic efforts of the tooth to save its life. Teeth are autonomies, like the heart, etc., I believe.

Once I used the two highest powers of the microscope, the $^1/_{50}$th- and $^1/_{75}$th-inch objectives, on the said exogenous cryptogams. It was surprising to see the activity of their automobile spores and the waving of their mycelial filaments, that lashed to and fro like the tail of an enraged tiger, smiting each other with great comparative violence. I have for years studied the motions of the algæ called *Oscillatoriaceæ*, found in drinking-water, but I never saw anywhere such automobile, kinetic, vicious movements as those of these exogenous tooth cryptogams. The impression produced was so forcible and lasting that I feel authorized to express the opinion that these exogenous vegetations in bacterial (baby) and mycelial (adult) stages *primarily* cause the peripheral decay, necrose the gums and alveolæ, loosen and denude the teeth—secondarily cause the purulent catarrh of the alveolar processes (pyorrhœa alveolaris); that the process goes on to completion sometimes without pus; that cryptogams produce tartar; that salivary and oral deposits formed on the tartar (as salts readily incrust nuclei in saturated solutions) are the prime factors in *exogenous odouzemia* (*odous*, tooth; *zemia*, loss). Besides, I have found (what others have found) that said odouzemia is arrested by removing said vegetations and their secretions. I have experimented with said exogens, as also with the endogens, on the ground that in attacking disease centrifugally and centripetally together there is more chance for victory. May I reiterate that teeth healthily built up with normal food resist *exogenous* decay better than teeth not so built up; that teeth already with weak fabrics can be restored by leaving off the impoverishing diet and using air, meat, and drink food as nearly natural as possible. G. B. Harriman, D.D.S., of Boston, sent three youths with chalky, friable, and soft-textured teeth to Maine to camp out, hunt, and live on game. They went. Returning

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in three months, their teeth were of normal density and texture. So the doctor completed his work on the cavities, which he could not do before. Ninety days is a short time for this change. More cases show that dental metabolism goes on faster than is imagined.

It has seemed to me that, if the salts of the body systemic were held in solution by a great abundance of menstrua, they could not be deposited as calculi, and tartar is a calculus. I asked the late Dr. W. E. Dunn, of New York, a dentist, if, in his opinion, people drank aërated distilled water would there not be less dental calculi? He replied: "Yes." I agree with him, as for years I have treated the gravels of the lungs, kidneys, etc., on this plan, with fine results. To show my zeal in this matter I have invented a very simple domestic water-still in which air is the condenser. (See paper on "Distilled Water as Food," Journal of the American Medical Association, May 26, 1900.)

Dentifrices.

One summer I saw my granddaughters clean their teeth at our Buzzard's-Bay cottage with brushes dipped into the sea within hand-reach. I tried this and liked it. Since then some adult told me that he kept his teeth by salt on the tooth-brush. To test this Dr. Brown, of Falmouth, a dentist, gave me a fresh incisor tooth loaded with exogenous calculi. It was kept in an ounce of sea-water from September, 1898, to March, 1899. There was some solution of the calculus, but not much.

Then it was tested with hydrogen dioxide. In a few weeks the tooth was well-nigh cleansed. Learning that H_2O_2 was not injurious to healthy oral tissues, I daily used it as a dentifrice on my fifteen teeth. I must say that I am well pleased with the results so far. It confers a cleansing which leaves a clean, healthy taste in the mouth and bleaches the teeth. It is, of course, an experiment whether H_2O_2 is harmful by constant use. I have tested under the microscope the action of H_2O_2 (hydrogen dioxide, Oakland Chemical Co.) on the tooth-calculi and their vegetations, and find it modifies them. I believe it destroys their life.

Of course, I am using as a drink my own distilled water, notwithstanding the *dictum* of Dr. Koppe that distilled water is a poison. I may do the man an injustice, as I have not seen his whole paper to know what he means by poison. But so long as distilled water dissolves calculi better than lithia or any other spring water of more than ten grains of salines to the gallon, so long as my own and patients' health rather improves than grows worse, so long as osmosis of pavement-epithelia does not prevent their longevity in hydrant and well waters (for you can hardly examine a specimen of potable water morphologically without finding them), and so long as there are so many sick and half-sick who suffer from systems saturated with saline bodies, just so long shall I use distilled water as a means to wash out said salines and prevent their deposition before their exit from the body. And I shall expect my fifteen teeth to last their 68-year-old owner as long as he does.

Experiments with H_2O_2.

Action on Fermenting Secretions.—1. Urine, ℥ij freshly voided (1899, May 10th), + H_2O_2, 3j, kept clear until June 1, 1899.

2. Once I had an epileptic man with the most fœtid breath I ever met. The mouth was covered inside with cryptogamic vegetation. H_2O_2 cleaned off the tongue and teeth and cleared out the malodor as long as it was used.

3. A small vial half-full of fœtid fæces from the diarrhœa of an advanced case of consumption was filled with H_2O_2 and put

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outside in warm weather for twenty days, when all fæcal odor was gone and the sample looked like bluish watered milk. Indeed, I thought it was some milk experimented on at the same time. But the microscope showed fine globules with a one-fifth the same as milk shows with a 1-inch objective; teguments of wheat; crystals of triple phosphate, a beautifully clean muscular beef-fibre from food, and pigments. The milk experiment was found elsewhere.

4. *Experiment with Four Teeth.* — (*a*) Central molar many years extracted. Crown blackened somewhat. Side-enamel generally ash-colored. No endogenous cavities. Died from exogens. Removed by fingers!

(*b*) Molar from same subject; well formed, tartar on it dry and hard. It was put into a bottle of H_2O_2 and corked for a week or more, bubbling all the time slowly. The tooth became a beautiful white, like a maid's. It was then kept in an open test-tube with H_2O_2 for two weeks and appeared like a sound tooth save the cavity.

(*c*) Molar from same subject ten years removed. Ill developed. Calcareous deposits. A small cavity on crown filled with gold. Large lateral cavity. Put in an open tumbler with H_2O_2. Bubbling, tartar dissolving; bleaching followed. The process was slow, and most of the calculus was removed in two weeks. Shows that H_2O_2 in open vessels is not impaired.

(*d*) Molar from same subject, only a few months removed. In a few weeks of closed immersion the whole molar was a virgin white; the tartar mostly removed and what remains is soft and friable like chalk, which it is. As to tartar, it was the worst of the four.

A common muslin handkerchief is found better than a tooth-brush to cleanse the accessible parts of the teeth.

H_2O_2 might well be used to bleach skeletons for anatomical study. There were other studies.

120 Broadway, New York.

Abstracts.

Puerperal Infection and Angina.

At a meeting of the Obstetrical Society of Paris MM. Chavane and Planchon communicated a series of cases of infection observed at the Clinique Tarnier from January to May, 1899. During the months of November and December preceding the morbidity among the women was 4.31 per cent. and the cases were all light. Following two cases of angina due to streptococci occurring on December 24th in women delivered in the service, the morbidity suddenly rose. Out of 495 women, 65—*i.e.*, 13.11 per cent.—were attacked. The morbidity of the children, which had been *nil*, was 34 out of 463 infants born living,—*i.e.*, 7.34 per cent.,—and the mortality of the sick children was 17, or—in other words—half the number of the newborn babes who sickened, died. The physicians and attendants were not spared in this little epidemic. The forms of infection were very various. The speakers observed otitis, broncho-pneumonia, purulent pleurisy, erysipelas, serious jaundice, etc. The streptococcus was found in nearly all the cases.—Le Bulletin Médical.

Polyuria in Arteriosclerosis.

At a meeting of the Medical Society of the Hospitals MM. Pierre Merklen and A. Martin said that, according to most authors, the polyuria of heart disease with arteriosclerosis — at least, of the cases seen in hospitals—resulted from increased arterial tension. Others looked upon it as due to renal impermeability, of which it represented a compensatory manifestation. It might also depend upon a direct or reflex irritation, provoked and maintained by the

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inflammatory and degenerative alterations of the kidney. The researches of the speakers had led them to the conclusion that its principal cause is the use of milk which has been ordered on account of the renal impermeability. It is a lacteal and necessary polyuria. Sometimes its degree seems to depend upon individual constitutional peculiarities, the most important of which is the plethora produced by the prolonged use of too rich a dietary and especially of alcoholic liquors.

The polyuria of arteriosclerosis is, in fact, variable. It oscillates between 2 and 3 litres (3 1/2 to 5 1/4 pints). It may reach 4 or 5 litres in plethoric patients. It is absent or at a minimum among the aged. The degrees seemed to relate to the variable capacity of the circulatory apparatus.

Most patients with arteriosclerosis present the following characteristic triad of symptoms: Polyuria, increased arterial tension, and impermeability of the kidney (in regard to methylene-blue and urea). Nevertheless, polyuria may exist without impermeability and impermeability without polyuria. This impermeability often, and even generally, occurs without the microscopical and macroscopical alterations of the contracted kidney. The kidneys of the patients (twenty-three examined by the speakers from this point of view) differed little in their external aspect from the cyanotic kidney of cardiac disease.

It appears legitimate to admit that the arterial constriction created by the renal arteriosclerosis produces a species of epithelial dystrophy of the kidney which manifests itself by impermeability. By reason of its powerful diuretic action, milk compensates for a long time the renal impermeability of ischæmic and dystrophic origin. It seems to have a specific action upon the renal function. It promotes at once the secretion of water, of urea, and of other excrementitious products. The polyuria represents the measure of its efficacy, although we are not able to specify the mode.—La Tribune Médicale.

Acute Periodical Dacryoadenitis Dependent upon Menstruation.

M. Lagrange presented to the Society of Medicine and Surgery of Bordeaux a case which is, perhaps, unique in science. The patient was a woman who menstruated first at the age of sixteen. Her periods had always been regular except when interrupted by four pregnancies. At the age of thirty-three, a year before the birth of her third daughter, she was attacked, without assignable cause, by an acute dacryoadenitis of the right eye. This attack coincided with the beginning of a menstrual period, and since that time—that is, for fourteen years—the patient is the victim at a corresponding time each month of a similar attack. Sometimes the right and sometimes the left eye is involved, although the right most frequently suffers. The inflammation is violent, and always fixes itself upon the lacrymal gland. It arrives and departs with the catamenia. The inflammation is accompanied by considerable pain, abundant lacrymation which is never sanguinolent, swelling and palpebral œdema, which prevent opening of the affected eye. The patient is not disturbed by the malady, feeling sure that it will disappear with the menses, which are of normal abundance and duration. For two years the periods had been a little less regular by reason of the approach of the menopause, and the inflammation of the lacrymal gland has also become more rare. During the last year, in fact, it has sometimes happened that a menstrual epoch would occur without an attack of dacryoadenitis.

Examination of the eyes of the patient showed that there was slight hypermetropia (0.75) and presbyopia (47 years). With appropriate glasses vision was normal for far and near objects.—Le Bulletin Médical.

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Xanthelasma of the Cornea.

At a meeting of the French Society of Dermatology and Syphilology MM. Hallopeau and Herscher presented a young patient attacked by xanthelasma of the cornea, characterized by a yellowish deposit in the substance of that membrane near to the anterior chamber. This ocular xanthelasma was accompanied by several lesions of xanthelasma tuberculosum of the face, and the patient seemed likewise to be the victim of hereditary syphilis, judging by the dystrophies present (teeth, cranium, testicle) and especially by a characteristic deformity of the nose and a double interstitial keratitis. The keratitis was anterior to the ocular xanthelasma, the nutrition of the cornea had been reduced and had become a place of least resistance. The xanthelasma had consequently found a soil favorable to its development.—Le Bulletin Médical.

A Case of Excessive Length of the Tongue.

M. C. Girod reports the case of a woman, 43 years of age, who entered the Salpêtrière on account of imbecility and whose tongue extended 7 centimetres (2 3/4 inches) beyond the dental arches and reached to the end of the chin. This anomaly produced great difficulty in mastication and speech. At best the patient could merely utter some inarticulate cries. The vault of the palate was strongly arched; the teeth of the upper jaw were directed forward and stood widely apart. Teeth were entirely absent in the lower jaw.—Revue Hebdomadaire de Laryngologie, etc.

Serous Cyst of the Iris.

M. Bondi exhibited to the Medical Club of Vienna a patient who nad a serous cyst of the iris. The patient had been told a year before by a physician that it was a malignant tumor and that enucleation of the eye was necessary. Fortunately the man did not give his consent to this operation. The cyst caused no pain and but little difficulty of vision. Nothing could be found in the man's history which could account for its origin. In particular, there had been no former injury to the eye, the usual cause of cysts of the iris. The cyst was as large as the crystalline lens of the human subject, and occupied the whole of the inferior fourth of the iris, projecting into the anterior chamber. Its anterior wall was, for the most part, of a bluish-gray color, quite strongly injected, but nevertheless transparent. It was continuous above with the tissue of the iris, of which here and there it exhibited some traces upon its wall. The pupil was oval, with its long axis transverse. It reacted promptly. After a useless trial of eserine, the influence of which has been praised in such cases, the cyst was removed. — Le Bulletin Médical.

Otorrhœa and Tumor of the Brain.

Dr. Hessler reports the case of a girl, 11 years of age, who was attacked by suppurative otitis media after scarlatina (complicated with albuminuria), with tumefaction of the mastoid process and the entire retinue of symptoms observed in these cases. Trephining of the mastoid process was followed by considerable apparent amelioration. Eighteen days after the operation, at midnight, the patient was suddenly seized with vomiting and, three hours later, by convulsions of the left half of the body (arm, leg, and face) and subsequently in the right half. The eyes were turned to the left and upward. The convulsions were repeated five or six times and each lasted from half a minute to a minute. In another three hours the patient regained consciousness, ate, and drank as usual. The urine contained only 3 per cent. of albumin. In the afternoon the convulsions recurred. The temperature varied from 38.8° to 40.1° C. (101.8° to 104.1° F.). The pupils were dilated and would not react. The pulse was 160. The

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left half of the body was much less sensitive to pricking with the pin than the right half. The cranium was opened behind and above the auditory meatus; the dura mater was incised. The brain was punctured six times in different directions and to different depths, but without result. After the operation the patient did very well until the thirteenth day, when she woke from her sleep with a cry, complained of insupportable pain in the ear and soon fell into a comatose condition which lasted until her death. The left pupil was dilated and the right contracted to the maximum. Neither reacted. On the following day the cranium was reopened and a small hernia of the brain was exposed, the subject of necrosis to the depth of 3 millimetres (about $^1/_{10}$ inch). When this necrosed portion was removed the brain-substance suddenly burst, and gave exit to a great quantity of pure serum, which was projected under high pressure and in a continuous jet. There was left a fistulous tract, through which the probe was able to penetrate the brain, where it entered a cavity as large as an apple, and whose walls were very soft, especially behind. A gauze dressing was introduced. The patient passed urine involuntarily, the temperature gradually rose to 40.8° C. (105.4° F.), the pulse ranged between 120 and 160, the respiration grew more and more stertorous, and death supervened four days subsequently, seven weeks after the beginning of the disease. At the autopsy it was found that the entire left temporal lobe was occupied by a tumor which extended into the left lateral ventricle. Microscopical examination of the tumor demonstrated that it was a giant-celled sarcoma. In the left lateral sinus was a partially-decolored, adherent thrombus. — Revue Hebdomadaire de Laryngologie, etc.

Suppression of Urine in Grippe.

The following case is published by Dr. George le Roy:—

Mrs. X, aged 45 years. The menopause occurred two years previously. She was subject to some cough every winter and had emphysema. She had suffered from hepatic colic for five years, and after the attacks gravel had been found in the stools. There had never been lumbar pain or sand in the urine. There were no hysterical signs, and the visual field was normal.

When seen, the patient had been suffering for three days with cough; was subcomatose, not replying to questions; and had decided dyspnœa. The pulse was 100 and scarcely perceptible in the radials. The rectal temperature was 37.5° C. (99.5° F.). There was some cyanosis, but no œdema of the extremities. Sibilant râles were heard at the front and rear of the chest, and at both bases there were coarse subcrepitant râles. The heart-sounds could not be detected, as they were completely masked by those of the lungs. Subsequently it was possible to determine that they were normal. In the morning the patient had suffered from an intense headache, and it was only in the afternoon that the dyspnœa appeared, accompanied by swoons, which were more and more prolonged. No urine had been passed for thirty hours. An injection of 25 centigrammes (nearly 4 grains) of caffeine was given, and the pulse soon strengthened. About a pint of artificial serum was next thrown into the subcutaneous connective tissue, and soon after this had been done the patient passed about 200 grammes (6 ounces) of clear urine, thirty-six hours after the last act of micturition. The pulse kept up, and on the following morning notwithstanding the persistence of the bronchitis, the dyspnœa had disappeared and nothing remained of the gloomy condition of the preceding evening. The patient had no recollection of what had occurred while she lay in a stupor. The urine was examined several times, but contained no trace of albumin. The bronchitis readily yielded to the usual remedies.

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To what cause should this temporary anuria be attributed? Evidently not to nephritis, since there was no albumin even in the urine first passed in the morning. Nor could it be ascribed to renal lithiasis. Neither in the antecedent history was there any sign pointing to the presence of calculi in the kidney. There was no reason for suspecting hysteria. The administration of a small dose of opium in the days preceding the crisis could not have produced intoxication. Moreover, the patient had taken an opiate in the following days without experiencing any accidents. Was there a temporary congestion of the kidney, a venous stasis consecutive to a passive congestion of the lung? Or should we look upon the occurrence as an example of nervous inhibition such as is observed in the course of different infectious conditions? Although the last hypothesis appears most probable, the author is not disposed to affirm its truth.—Le Bulletin Médical.

Appendicular Pleurisy.

At a meeting of the Academy of Medicine M. Dieulafoy spoke of pleurisy as a complication or consequence of appendicitis. After alluding to cases which he had observed and the manner in which the infection is spread, he drew the following conclusions:—

1. Appendicular pleurisy is an infection of the pleura consecutive to appendicitis. There is an appendicular pleurisy, just as there is an appendicular liver, with the difference that the hepatic infection occurs through the intermediary of the portal vein, while the pleural infection takes place through the adhesions and lymphatics.

2. Appendicular pleurisy occurs particularly in appendicitis of ascending type. The aërobic and anaërobic appendicular infection ascends behind the cæcum and colon, leaving in its route pus, membranes, adhesions, and sometimes encysted collections. The products of infection affect the liver and lower surface of the diaphragm in the form of subphrenic abscess.

3. Sometimes the infectious agents produce perforation of the diaphragm, sometimes they penetrate into the thoracic cavity through the lymph-channels without perforation of the diaphragm.

4. Appendicular pleurisy begins several days after the appendicitis at a time when the appendicitis is about to subside. The infection is transmitted from the appendix to the pleura in six, eight, or ten days.

5. Appendicular pleurisy always attacks the right side. Exceptions to this rule are extremely rare. The pleuritic may be confounded with the hepatophrenic complication. In both the early symptoms are sharp pain in the right hypochondrium, pain in the chest and right shoulder, croupy cough without expectoration, and intense dyspnœa.

6. In some cases the infection of the pleura is mild and the pleurisy appears in the dry form. In other cases the pleural effusion is slight and the complication soon disappears.

7. Generally the liquid of appendicular pleurisy is turbid, fœtid, and putrid. Auscultation and percussion reveal the existence of a large effusion. Sometimes the signs point to the presence of pneumothorax, due to the disengagement of gas engendered by the putrefaction.

8. The prognosis of appendicular pleurisy is grave. The constitutional symptoms, the state of the pulse, and the rapid loss of strength indicate the danger.

9. In fœtid and putrid pleurisy of the right side we should inquire regarding the occurrence of appendicitis six, eight, or ten days previously.

10. Early surgical intervention is demanded. Sometimes both pleura and abdomen must be opened.

11. Notwithstanding the double operation, the patient usually dies, for he is already infected and intoxicated. The

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proper plan of treatment is, therefore, prophylactic, and consists in removing the appendix as soon as there are signs of its inflammation.—Le Bulletin Médical.

Therapeutic Notes.

Study of Ko-sam.

We find in a recent number of Le Progrès Médical a note concerning the experiments of M. Mougeot in Cochin China with a Chinese remedy called "ko-sam." It is an oleaginous grain, and appears to be derived from the *Brucea Sumatrana*, of the natural order *Simarubæ*. The grain is particularly employed by the Chinese and the Annamites in hæmorrhage, and especially hæmorrhage from the womb. M. Mougeot tried the drug in the case of a female prisoner at Saigon who was attacked simultaneously by metrorrhagia and dysentery. He was not a little surprised to witness amelioration of the dysentery. He administered the same drug to other patients suffering only from dysentery, and was astonished by the good results which he obtained among the natives. M. Mougeot gave the remedy in doses of 5 grains the first day and 6 upon succeeding days among children. With adults he began with 10 grains and increased to 12. Ko-sam sometimes caused vomiting. On the first day blood disappears from the stools and the pain abates. On the second day mucus diminishes, and cure is completed by the fourth or fifth day. It is not necessary to regulate the diet. Its use should be avoided in women during the menstrual period. In too large a dose ko-sam may cause cerebral congestion. M. Mougeot has successfully experimented with it in rebellious diarrhœa.

A Contribution to the Therapeutics of Iron.

The above is the title of a paper contributed to the Therapeutische Monatshefte by Dr. Gellhorn, assistant physician to Dr. Mackenrodt's gynæcological clinic at Berlin. Dr. Gellhorn records the results of treatment of sixty cases of anæmia and chlorosis, including the consequences of these impoverished conditions of the blood, such as neuralgia, for example. The symptoms presented were amenorrhœa, irregular menstruation, headache, dyspepsia, and neuralgia. The preparation employed was Gude's pepto-mangan. With proper regulation of the diet and systematic exercise in the open air, a decided improvement was manifested in the aspect and vigor of the patients, and accurately verified by the blood-count and estimation of hæmoglobin at intervals of three, five, or eight days. The author also obtained favorable results from the use of Gude's pepto-mangan in patients who came to the clinic for operations after having been exhausted by protracted hæmorrhages.

Tincture of South-African Karoo for Dysentery.

In tropical dysentery an extract and tincture of the South-African karoo, collected and introduced by Mr. John Maberley, have proved of great value, not only in dysentery, of which one hundred consecutive cases treated with the drug are reported by Mr. Maberley with only one death, but also in hæmorrhagic ulceration of the stomach and intestine. The drug has a long-standing reputation among the natives and Boers, but has only recently been identified and used in Europe in cases of acute and chronic ulceration of the stomach and intestines.—Medical Record.

Satureia Hortensis.

Dr. J. H. Jorgensen, of Horicon, Wis., contributes to the Alkaloidal Clinic an account of the action of *Satureia hortensis* (*Labiatæ*), common pepper-herb, as an emmenagogue. After describing several cases in which he had employed it successfully,

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he says: "I have used the drug in very many cases since. For a fact, I rely on satureia entirely as an emmenagogue, and like it better than caulophyllum and senecionin, or aletris, because I know it is more certain, and it does not produce uterine congestion, but relieves it. It produces the catamenial flow through dilation of the venous capillaries. Satureia acts best when administered in powder made from the green herb. The herb grown in northern Wisconsin and Canada is better than that grown farther south."

Intestinal Antisepsis in Children.

℞ Benzonaphthol, 0.05 cg.
Bismuthi salicylat. (basic), 0.10 cg.
Bismuthi bicarbonat. (basic), 0.10 cg.

For one powder. Make five such, and give one every two hours to a child five or six months of age.—Medical Times and Hospital Gazette.

In Gouty Subjects.

℞ Sodii sulphatis,
Sodii bicarbonatis,
Potassii sulphatis,
Acidi tartarici,
Mucilag. acaciæ, of each, ʒiiss.

M. Sig.: From 10 grains to 1 drachm daily in divided doses in a wineglassful of water or milk.—Journal of the American Medical Association.

Unguentum Crede.

At a meeting of the Section on Obstetrics and Gynæcology of the New York Academy of Medicine Dr. Simon Marx reported a case of mild sepsis treated by unguentum Credé. The patient was a primipara, delivered at the sixth month. Typical pseudodiphtheritic patches appeared upon the vulva, vagina, and cervix. After the failure of other methods unguentum Credé had been employed, and at the end of seventy-two hours no trace of the patches remained. Dr. John Polak spoke of a case of late and persistent sepsis in which an excellent result was obtained by the use of this ointment alone. The same ointment is also of value in the treatment of erysipelas. In cases of pelvic exudate Dr. Polak has used unguentum Credé with the most happy results.

Urotropin in Posterior Urethritis.

In a paper with the above title published in the Therapist, Gerald Dalton cites several cases of chronic gonorrhœa and gleet in which the administration of from 7 to 10 grains of urotropin three times a day proved decidedly and rapidly beneficial.

Stomatitis Ulcerosa.

A formula ascribed to Muller by the Journal of the American Medical Association is:—

℞ Acidi thymici (thymol), gr. iv.
Acidi benzoici, ʒij.
Tinct. eucalypti, ʒss.
Spt. vini rect., ʒiij.
Spt. menthæ pip., gtt. x.

M. Sig.: Drop enough into a glass of water to cause turbidity, and rinse the mouth morning and night.

Rachitis.

From a list of formulæ from different sources collected in the Journal of the American Medical Association we select:—

Iodo-phosphorated butter to be used as a substitute for codliver-oil in hot weather:

℞ Fresh butter, ʒxviiss.
Potassii iodidi, gr. iv.
Potassii bromidi, gr. xv.
Sodii chloridi, 3ij.
Phosphori, gr. $^1/_7$.

M. Sig.: About one-third of an ounce daily spread on bread. (Trousseau, modified by Comby.)

℞ Phosphori, gr. j.
Alcoholis absoluti, 3v.
Glycerini, ʒiss.
Alcoholis, 3ij.
Spt. menthæ pip., *m*xl.

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Dissolve the phosphorus in the absolute alcohol with the aid of gentle heat; then add to it the glycerin, alcohol, and spirit of peppermint, previously mixed and slightly warmed. Each fluidrachm contains nearly $^1/_{20}$ grain of phosphorus. (J. Ashburton Thompson.)

Gelatin Enemata in Intestinal Hæmorrhage.

Among the varied applications of the new-found hæmostatic, gelatin, is its employment in intestinal hæmorrhage. The Presse Médicale says that Dr. Guttmann was called to a child, 36 hours old, which was literally bathed in its own blood, which evidently came from the rectum. He sent for some sheet gelatin, dissolved it in warm water, administered half of the solution as an enema, and ordered the rest to be given by the mouth in small doses. The child had one more bloody passage, but after that there was no more bleeding, and recovery took place.—New York Medical Journal.

Surgical Hints.

From the column having the above heading in the International Journal of Surgery we select the following:—

Many bad cases of head-injury appear to end fatally, owing to failure of the respiratory centres. In these cases the proper treatment consists in the persistent use of artificial respiration, with alternate heat and cold to the chest and abdomen. These measures may tide the patient over a dangerous period and bring about an ultimate recovery.

Lemon-juice and water, in the proportion of 1 to 4, has a fairly-hæmostatic action, and may successfully be used to stop persistent epistaxis. Lemon-juice and glycerin, 1 part of the former to 2 of the latter applied at night over the hands and forearms, will soften the skin and relieve the irritation due to the frequent use of strong antiseptics, employed in sterilizing the hands for operation.

In order to relieve the pain and irritation caused by the removal of dressings adhering to a wound, pour some peroxide of hydrogen over the adherent part of the dressing. This will rapidly soften the coagulated discharges, and the dressing will come off readily. This method saves the time employed in prolonged soaking with ordinary solutions, and relieves the apprehension so usually shown by patients at each fresh dressing.

In order to prepare leather for making molded splints, it should be softened. Soaking in water will do, but it takes a day or two before the leather is soft enough. If you wish to save time, place the leather in water containing a tumblerful of vinegar or dilute acetic acid to each quart, and it will soften in a few hours. In order to obtain a really good fit, it is best to take a plaster cast of the limb to be incased, and mold the leather over the cast.

Intestinal Dyspepsia.

Dr. Walter A. Wells, of Washington, D. C., writing in the Medical Record, says:

"When medicine must be given, I can think of no better prescription for intestinal dyspepsia with flatulence than the following:—

"℞ Pepsini pur.,
Pancreatic ext., of each, 2 grammes.
Pulv. carb. lig.,
Bism. subgal., of each, 4 grammes.

"M. Ft. chart. No. xij.

"Sig.: One before meals."

Treatment of a Common Cold.

Dr. Frank Woodbury, in an article in the Journal of the American Medical Association says:—

"With the view of acting directly on the neurotic element of the cold, I have used for the last two years a combination of acetanilid, bromide of sodium, and compound morphine powder of the U. S. Phar-

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macopœia. This combination is given in small doses of 2 or 3 grains. The manner of administration is such as to aim at a cumulative effect, by giving the powders, or capsules, one every half-hour until four are taken, and then every hour or two until the desired effect is obtained. The proportions of the ingredients are varied with the character of the symptoms. Where neuralgia or muscular pain is present, at the beginning of a cold, I give 3 grains of the sodium bromide, 2.5 of compound morphine powder, and 2 grains of acetanilid. Where the local symptoms are severe and secretion from the nose is excessive, I write the prescription as follows:

"℞ Pulv. morphinæ comp., gr. xx.
Acetanilidi, gr. vj.
Sodii bromidi, gr. x.

"M. Div. in caps. No. xij.

"Sig.: Take one every half-hour until four are taken, then every two hours.

"This usually breaks up an ordinary cold in a few hours."

Antigalactic Pilules.

The Gazette Hebdomadaire de Médecine et de Chirurgie gives the following:—

℞ Sodium nitrate, gr. cl.
Camphor,
Potassium nitrate,
Rob of sambucus, of each, gr. lx.

M. To make sixty pilules.

Sig.: One to be taken morning and evening.

(A rob is "a preparation made from the juice of fruit by evaporating to the consistence of a soft extract, generally with the addition of sugar." — "Foster's Encyclopædic Medical Dictionary.")—St. Louis Clinique.

Whooping-cough.

A way of treating the disease is that by Legrand, who has found grindelia robusta a most efficient remedy in whooping-cough as well as in asthma. He believes that the powdered bark and its fluid extract are apt to be inactive, but that the tincture is useful, and that the alcoholic fluid extract is also valuable. He has usually administered the fluid extract in sugared water or milk, although there is always a certain amount of the resinous material precipitated in the vessel from which the child takes the dose. This may, to a certain extent, be avoided. (St. Louis Clinique.)

We take the following prescriptions from Le Progrès Médical:—

℞ Tincture of drosera, ʒss.
Tincture of belladonna, *m*xlv.
Tincture of aconite-root, ʒj.

M. Sig.: From 10 to 70 drops according to the age and in four or eight hours. (Baroux.)

℞ Potassium bromide, ʒiiss.
Codeine, gr. iss.
Tincture of hyoscyamus, ʒiiss.
Benzoate of sodium, ʒj.
Syrup of marshmallow, ℥vj.

M. Sig.: From a teaspoonful to a tablespoonful, according to age, three to six times a day. (Vindervogel.)

Prophylaxis and Treatment of Gonorrhœa by Methylene-blue.

Joseph Alan O'Neill, New York, begins a paper having the above title in the Medical Record with the following statements:

"Methylene-blue administered internally will cure gonorrhœa in from four to seven days. To the diplococcus, which is the specific cause of this disease, it is especially fatal. The pyogenic bacteria that make gonorrhœa a mixed infection succumb very promptly to this germicide.

"It is best given in gelatin capsules in 1-grain doses three or four times a day. After the fourth day the frequency may be reduced to twice a day. Given alone it sometimes causes irritation of the neck of the bladder, but when combined with oil of nutmeg there is no trouble of this kind.

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Oil of sandal-wood is a desirable adjuvant because of its diuretic action and also on account of its sedative effect upon inflamed mucous membrane."

Nervine Tonic.

℞ Asafœtidæ, 3j.
Acidi arseniosi,
Strychninæ sulphatis, of each, gr. ss.
Ext. sumbul, ʒiss.
Ferri subcarbonatis, ʒij.
Quininæ valerianatis, ʒj.

M. Make capsules No. xxiv.

Sig.: One capsule after each meal.—St. Louis Clinique.

Rheumatism Mixture.

℞ Sodii salicylatis, ℥ss.
Potassii iodidi, 3j.
Methylis salicylatis, 3j.
Extracti cimicifugæ fluidi, 3ij.
Alcoholis, ℥ss.
Aquæ, q. s. ad ℥iij.

M. Sig.: A teaspoonful three times a day (Pittsburgh Free Dispensary). — St. Louis Clinique.

Irritable Bladder.

The Journal of the American Medical Association credits the following prescription to Todd:—

℞ Benzoic acid,
Borax, of each, 3iv.
Alcohol, 3iv.
Tinct. hyoscyamus, 3ij.
Syr. wild cherry, ℥ij.
Elixir orange-peel, 3xij.
Distilled water, q. s. ad ℥vj.

M. Sig.: A dessertspoonful every four hours, followed by a glass of water.

Acute Indigestion not Relieved by Cathartics.

A formula of William Porter's, given in the Journal of the American Medical Association, is:—

℞ Fel. bovis purificati, gr. j.
Ext. pancreatini, gr. j.
Ext. colocynthidis comp., gr. 1/4.
Quininæ hydrochloratis, gr. ss.
Ext. nucis vomicæ, gr. 1/8.
Ext. taraxaci, gr. j.

M. Sig.: For one tablet. One or two before meals.

Flatulence Indicating Gastritis.

When flatulence is associated with pain after food and coated tongue, indicating gastritis, the following prescription should be given:—

℞ Potassii bicarb. vel sodii bicarb., 3ij.
Spt. ammoniæ aromatici, 3iss.
Liq. strychninæ (P. B.), 3ss.
Spt. cajuputi (P. B.), 3iss-ij.
Spt. chloroformi, 3j.
Infusi calumbæ vel gentianæ co., ℥vj.

M. Ft. mist.

Sig.: A sixth part three times a day between meals (Stephen Mackenzie).—Journal of the American Medical Association.

Apomorphine as an Hypnotic.

In a paper in the New York Medical Journal Dr. Charles J. Douglas, of Boston, says:—

"There is, however, one harmless remedy that will produce sleep in a few minutes, even when the patient is suffering with the wildest delirium. That remedy is apomorphine. . . . The use of apomorphine in this manner (without producing emesis) and for this purpose is, I believe, original with me. While its value has remained so long unrecognized by the profession, yet in point of fact there is no hypnotic in our materia medica that is at once so prompt, so safe, and so sure.

"One-thirtieth of a grain, injected subcutaneously, is the average hypnotic dose of apomorphine, although individual susceptibility to this remedy varies somewhat, as is the case with most drugs. This is

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about one-third the amount usually given as an emetic, and a still smaller dose, in many cases, acts as an efficient hypnotic.

"Under ordinary circumstances this remedy should be administered when the patient is in bed or quite ready for bed. As occasionally a patient is found who is very susceptible to the emetic action of this drug, it is well to give at first the minimum hynotic dose, which is perhaps $^1/_{50}$ grain. In delirium, however, a little nausea will do no harm, and hence it is unnecessary in such cases to be so cautious about the dose.

"It not only produces sleep more promptly and surely than any other safe remedy, but its sleep has all the appearance of a perfectly natural one, and in no case under my observation has it left on awaking any disagreeable results.

"Both as an hynotic and an emetic it is thoroughly neutralized if dissolved in a saturated solution of boric acid. Failing to find any reference to this fact in medical literature, I conclude that it is unknown to the profession."

Palatable Trional Mixture.

The Journal of the American Medical Association credits the following to M. A. H. Thelberg, of New York City:—

"One of the objections to trional is its difficulty of solution and also its unpleasantness of administration when given in the usual method. The following will be found an excellent method of making a palatable mixture:—

"℞ Trional, 3ij.
Ol. amygdal. dulc., ℥j.
Gum acac., 3iv.
Syrup. Tolutan., ℥j.
Aquæ aurant. concent., 3iv.
Aquæ pur., q. s. ad ℥iv.

"M. Ft. emulsion.

"Given in this way the hypnotic effect is as pronounced, and far more readily obtained than in the present method of administering the drug."

The Glycerophosphates.

In a paper entitled "Have We a True Nerve-tonic?" and published in the Charlotte Medical Journal, Professor Robert F. Williams, of Richmond, Va., draws the following conclusions:—

"That in the glycerophosphates we have preparations so nearly identical with the natural phosphorus compound of nerve-substance as to be more readily appropriated by depressed nerve-tissue than any other phosphorus preparations.

"That this near identity of the glycerophosphates with lecithin and the absence of nerve-stimulation produced by their administration render them true nerve-tonics.

"That the success met with by those of the profession who have used these preparations entitles them to trial by the profession generally."

Suppurative Affections of the Eye.

J. de J. Gonzales announces that he has found neutral quinine hydrochlorate in a 1-per-cent. solution—10 drops three times a day—extremely effective in curing corneal ulcers and abscesses with purulent infiltration in the early stages, and hypopyon if not very large. He explains its efficacy by its mild bactericidal action combined with its paralyzing effects on leucocytes.—Dominion Medical Monthly.

Elixir of Terpin Hydrate for Bronchitis.

The following formula is recommended by Crinon:—

℞ Terpini hydrat., gr. lxxx.
Glycerini,
Spir., of each, ℥iiss.
Mellis despumat., ℥ij.
Tinct. vanillæ, *m*lxxv.

M. Sig.: Two to four tablespoonfuls a day.—Interstate Medical Journal.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
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SO-CALLED ESSENTIAL HÆMORRHAGE FROM THE KIDNEYS.

From time to time cases are encountered of renal hæmaturia in which no demonstrable lesion exists. We have recently had the pleasure of reading a memoir by Dr. Raphael Robinson, of Paris, who has devoted himself to the study of this interesting and obscure question.[1]

Hæmorrhages of this nature, occurring without obvious cause, are met with in young as well as in aged subjects. They take place suddenly, often in consequence of fatigue, and the quantity of blood passed varies within wide limits. The color is of a deep red or almost blackish, and upon examination under the microscope red blood-corpuscles, more or less altered, are perceived, but, in general, no renal element is present. In some cases there is more or less pain, but no fever. Hæmostatics, far from being effectual, serve only to prolong the flow and occasion gastric disturbance. Spontaneous arrest of the hæmorrhage often occurs.

It is known that certain poisons and certain toxins cause hæmorrhage in general and hæmaturia in particular. On the other hand, many persons, though healthy in appearance, are troubled by continuous nutritional disorders which may at length produce sclerosis, friability of blood-vessels, etc.

Dr. Robinson next proceeds to describe several cases which he had observed in private practice. In one patient hæmaturia came on in consequence of fatigue, lasted three days, and was succeeded by abundant epistaxis and purpuric spots. When these latter disappeared the hæmaturia recurred, but after a month ceased, and the patient has ever since—a period of seven years—been perfectly well. In a second case hæmaturia was accompanied by severe pain in the kidneys. Purpura was also present. The third patient belonged to a family of bleeders. He suffered from incoercible epistaxis, hæmorrhage from the bowel, the lung, and kidney. The hæmorrhages came and went spontaneously, uninfluenced by medication. The man dying of a brain-trouble, the cerebral vessels were found enormously dilated. According to the classical descriptions, the first of these foregoing cases is a type of purpura, the second of scorbutus, and the third of hæmophilia.

Essential hæmaturia has been divided into six classes: that dependent upon nephroptosis; that attended with neuralgia; that associated with hæmophilia, with purpura, with albuminuria; and pure essential hæmaturia. The first of these classes is due to mechanical alterations; hæmaturia with albuminuria is connected with nephritis, for there are albumin and casts in the urine. The presence of neuralgia raises the suspicion of gravel or nephritis. In hæmophilia and purpura the hæmaturia co-exists with other hæmorrhages.

In essential hæmaturia no renal lesion is found. In this connection two cases are cited by the author. The first was that of a man who had had rickets in his childhood. After a long walk he began to pass blood in the urine. The general condition was normal and there was no local pain. A year later there was a second attack of

[1] Pathogénie et Traitement des Hematuries renales dites essentielles. Mémoire accompagné d'une Lettre de M. le Dr. Albarran, Professeur agrégé a la Faculté de Médecine, Chirurgien des Hôpitaux de Paris. Par Dr. Raphaël Robinson. Paris: Jouve & Boyer, 1899.

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hæmaturia. The second patient was a neurotic and rachitic youth. He lived in a marshy district, but had never suffered from intermittent fever. In both these individuals the nutritive conditions were below normal from childhood. Rachitics eliminate comparatively enormous quantities of the salts and the chlorides, and oxidation is comparatively retarded. The bony lesions are the result of this decalcification. The blood also becomes poor in lime-salts and loses its coagulability. The kidney is overtasked in the work of removing the salts, and thus various factors combine to occasion renal hæmaturia. Co-existent hæmorrhages are witnessed in acute rachitis, or Barlow's disease. Dr. Johannes Seitz, of Zurich, recently reported a case in which hæmaturia accompanied hæmorrhage from the periosteum in a babe of ten months. Nothing is found in the urine of such patients to indicate the presence of nephritis, but a number of varieties of micro-organisms are observed. Our author, therefore, concludes that the toxins produced by these bacteria may cause hæmorrhage from an organ particularly exposed, the kidney in this case.

That which happens in rachitis may equally occur in the victim of rheumatism, gout, hereditary syphilis, diabetes, etc. For all these maladies bear heavily upon the kidney, which is liable to succumb to an attack of a bacterial poison. The case of a rachitic child, four years of age, is then cited. The patient dwelt in a marshy district, but had never been ill. He was taken to a city in which scarlatina prevailed. There had been no case in the family or neighborhood. Suddenly one day the boy passed black urine. There seemed to be nothing adequate to explain the fact. There was no fever or sore throat. Yet, upon close examination slight desquamation was detected. After several days the signs of a mild endocarditis were recognized. Trousseau has mentioned such cases, and Professor Dieulafoy has witnessed hæmaturia as a consequence of infectious angina. Dr. Robinson next alludes to hæmaturia occurring during pregnancy, and quotes several cases in which this manifestation occurred in the absence of renal complication. He gives reasons for believing that such hæmorrhages are due to alterations in the composition of the blood. They have also been known to take place in typhoid fever. The prognosis of essential hæmaturia is generally favorable, and Dr. Robinson has never met with a fatal case.

NEURASTHENIA IN DISEASES OF THE NOSE AND THROAT.

A DEPRESSION of nervous vitality is so prevalent a condition and depends upon such a variety of causes, it occasions so much misery and is often so difficult to combat, that in the examination of individual cases we are obliged to exercise the most rigid scrutiny of all parts and systems of the body. Although we can usually trace the impaired vigor to some infraction of physiological laws, yet there are instances in which it seems to be due to some comparatively trivial ailment or condition. Two interesting cases of this character have been published by Marcel Natier, in La Parole, a periodical devoted, as its name implies, to diseases of the throat and connected organs. For a reprint of this interesting article we are indebted to the courtesy of its distinguished author.

The first case was that of a man, 56 years of age, who had for some weeks been under the care of Dr. Petit, and whose illness began with phlegmonous periostitis, the result of a decayed tooth. The tooth had been drawn and the periostitis had completely subsided, but the man remained debilitated, slept little, lost flesh rapidly, and began to be troubled by incessant cough and profuse expectoration. Examination of the nose and throat had revealed

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no abnormalities except a slight deviation of the nasal septum and a lengthening of the uvula. The heart and lungs were sound. Nevertheless, the man seemed to be in a critical condition, and his family apprehended a fatal issue. A previous consultant had suggested the presence of empyema of the right maxillary sinus. Puncture of that cavity's wall, however, did not confirm the suspicion. All treatment had been without avail.

When first seen by Dr. Natier the patient had been in bed for two months. Coughing and spitting were so incessant that he could scarcely reply to questions. Careful examination simply confirmed the negative experience of Dr. Petit, but Natier was struck by two facts, viz.: the character of the cough and that of the expectoration. The former was somewhat dry and referred entirely to a constant sensation of irritation in the throat. The sputum was frothy and composed exclusively of saliva. The point of the uvula rested upon the base of the tongue. This was the only abnormal anatomical feature of the case. When Dr. Natier directed the head to be strongly bent backward and downward in such a manner that the uvula fell away from the tongue the cough instantly ceased. This abrupt change was an impressive demonstration alike to physicians and patient. The latter, who had been in the depths of despair, felt the hope arise that his cough might be conquered. The uvula was at once retrenched, the sensation of a foreign body in the throat vanished, and the cough was arrested.

The physician in charge was advised to look after the general health of the patient and encourage him in the idea that he was radically cured. There was occasional coughing for a few days, after which it entirely disappeared. At the expiration of a year the patient had regained his normal weight, his appetite and sleep were good, he was engaged in business, and might be regarded as completely retored to health.

The second case was that of a woman 39 years of age. Her mother had become demented at the age of 67. Since her twenty-fourth year the patient had had several attacks of sore throat. About six months previously she had consulted a physician on account of some difficulty in the throat, and also complained at the same time of a prickling sensation in the right nasal fossa. On one occasion the galvanocautery was applied to the right side of the nasal septum. She received no benefit from the treatment prescribed. Her thoughts dwelt constantly on her nose, and she was continually picking and cleaning that organ. Two months previously she had sought another physician, who had also applied the galvanocautery to the same spot and for eight days she felt improved. On another occasion the galvanocautery was repeated, but subsequent to this application a new element appeared in the case. She began to experience severe pain in the nose. Thereafter she sought advice from several physicians and was finally recommended to consult Dr. Natier. She had the aspect of profound dejection, and was exceedingly pale and emaciated. She replied with difficulty and in a tremulous manner to the questions asked. She seemed to fear some dreadful doom.

There was a slight ulceration of the right side of the septum nasi. The ulcer was covered by a whitish membrane. When this was removed and the surface cleaned it was ascertained that the entire thickness of the mucous membrane was involved and the cartilage exposed. At this point the woman had long been accustomed to rub the mucous membrane with cotton mounted upon a hair-pin. There was no constitutional evidence of either syphilis or tuberculosis. There was, however, decided neurasthenia developed or, at all events, aggravated by the existence of the ulcer. The woman had the idea that she was desperately ill. She was continually, by day and by night, brooding over

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her condition and feared that she was afflicted with cancer and that she would "lose her mind, like her mother." Her mental, as well as physical, state was full of misery. On account of her pitiable plight Dr. Natier, through Dr. Déjerine, obtained admission for her to La Salpêtrière. She appeared pleased at the thought of being cared for and cured, but eloped on the day after she was admitted.

It may be questioned, says our author, whether these were really cases of neurasthenia, and, if so, what relation did the general bear to the local condition?

As regards the nature of the first case, he conceives that there should be no doubt. Its evolution and course, before and after intervention, were, at all points, those of true neurasthenia. Doubt might be entertained concerning the second case, which some might regard as one of obsession on the road to alienation, and point to the influence of heredity as corroborative of their opinion. Delusions are, however, encountered in neurasthenia, and our author does not attach much importance to the suggestion of heredity, as the mother became the victim of senile dementia in consequence of a total change of life-long habits incidental to removal from the country to a town.

The two cases differ from each other totally in their etiology. The first patient certainly possessed an actual lesion, but numberless individuals have elongated uvula, resting upon the tongue, without any neurasthenia as a consequence. It must be necessary, therefore, for other factors to co-operate. In the case of the woman Dr. Natier is inclined to think that the manifestations which followed intervention were due to the fact that her constitutional state had been misunderstood or, at least, that not sufficient importance had been attached to that side of the case. In some such cases it is advisable to abstain from too active a therapy, and especially from surgical procedures. We may thus involuntarily add to the tendency which the patient already possesses of thinking too much of her own bodily troubles, and in this tendency is the origin of the obsession. To this woman it seemed that great importance was attached by two specialists to local conditions and local treatment, and that, therefore, the affection must be dangerous. The methods adopted had, in fact, a totally different effect from what was intended.

Medical News and Miscellany.

Louisiana State Medical Society.—The twenty-first annual meeting of the Louisiana State Medical Society was held at New Orleans, April 19th, 20th, and 21st. An excellent program had been prepared, and many able papers were read and discussed. Some of the subjects for general discussion were: "Tuberculosis," "Local and Regional Anæsthesia in its Application to Minor and Major Surgery," "The Care and Treatment of the Insane," "The Prevention of Blindness," "The Commoner Skin Affections of the Feet and Hands and Their Treatment," "Stricture of Urethra," etc. Some of the important papers read before the society were as follow:—

"Complete Transposition of Viscera; Report of a Case," by Dr. S. P. Delaup, New Orleans. "Report of a Case of Recurrent Dermatitis Exfoliativa," by Dr. A. R. Robertson, Pass Christian, Miss. "Suprapubic Cystotomy, for the purpose of Retrograde Catheterism in a Case of Complete Laceration of the Male Urethra," by Dr. C. J. Ducoté, Cottonport. "Three Cases of Hip-joint Amputation by Wyeth's Method," by Dr. F. W. Parham, New Orleans. "Primary Endomastoiditis, with Report of a Case," by Dr. H. J. Dupuy, New Orleans. "Some of the More Common Ear and Throat Affections," by Dr. W. Scheppegrell, New Orleans. "An Interesting Case of Abscess of the Liver,

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with Operation and Recovery," by Dr. Arthur Weber, New Orleans. "(1) A Unique Case of Maternal Impression (a single impression made upon the mind of a non-pregnant woman causes defects in her eight subsequent, not successive, pregnancies, extending over a period of fifteen years); (2) Eight Albinoes; four well developed; four anencephalous; four breech presentations; one illustrated," by Dr. P. B. McCutchon, New Orleans.

The officers elected for the ensuing year were: President, Dr. F. W. Parham, New Orleans. Vice-presidents, Dr. C. J. Landfried, New Orleans; Dr. J. Callan, New Orleans; Dr. C. M. Smith, Franklin; Dr. T. G. Ford, Shreveport; Dr. O. M. Patterson, Bastrop; Dr. R. C. Webb, Payen. Treasurer, Dr. H. S. Cocram, New Orleans. Recording Secretary, Dr. H. B. Gessner, New Orleans. Corresponding Secretary, Dr. A. G. Friedrichs, New Orleans.

Dr. Otis Cameron. — Dr. Otis Cameron has been appointed city bacteriologist and attached to the Health Department of Cincinnati.

Sir Michael Foster, M.P.—Sir Michael Foster, Professor of Physiology at the University of Cambridge, has been chosen to represent London University in Parliament.

Retirement of Colonel Alden. — Colonel Charles H. Alden, Assistant Surgeon-General of the United States Army, has been retired on account of having reached the age-limit.

Society of Kinesitherapy. — A society having the above title has been founded at Paris. Its officers are: Honorary president, Professor Marey; president, M. Lucas-Championnière; vice-president, M. Fernand Lagrange; secretary-general, René Mesnard; treasurer, M. Stapfer; secretary of sessions, M. Marchais.

International Congress of Medical Electrology and Radiology. — The above society, at the initiative of the French Society of Electrotherapy, will assemble in connection with the International Congresses of the Universal Exposition at Paris from July 27 to August 1, 1900. Papers will be presented and the following subjects have been chosen for general discussion: "The Law of du Bois-Reymond"; reporter, Professor Dubois, of Berne. "General Indications of Galvanism and Faradization"; reporter, Dr. J. Althaus, of London. "General Indications of Franklinization"; reporter, Dr. A. Tripier. "Electrotherapy and Suggestion"; reporter, Professor Eulenburg, of Berlin. "Treatment of Dermatoses by Franklinism"; reporter, Dr. Chatzky, professor *agrégé* of Moscow. "Electric Treatment of Neuralgia"; reporter, Professor S. Leduc, of Nantes. "Electrolysis in the Treatment of Uterine Fibromata"; reporter, Professor F. la Torre, of Rome. "Physiological and Therapeutical Properties of Currents of High Frequency and High Tension"; reporters, Professor Doumer, of Lille, and Dr. P. Oudin. "Electrical Syndrome of Facial Paralysis"; reporter, Professor Wertheim-Salomonson, of Amsterdam. "Application of the X-rays to Dermatology"; reporter, Professor Schiff, of Vienna. "Diagnosis of Thoracic Diseases by Means of the X-rays"; reporter, Dr. Béclère. "Physiological and Therapeutical Properties of Ozone"; reporter, Dr. Labbé.

The Test of Time and Experience.—This is the title of a neat *brochure* issued by Mr. Fellows, the manufacturer of the well-known preparation of the syrup of the hypophosphites. The *brochure* is chiefly confined to diseases of the respiratory organs, for which Fellows's syrup has been found beneficial. These comprise asthma; emphysema; chronic consolidation of the lung; phthisis pulmonalis in its three stages,—(1) consolidation of the lung; (2) softening of tubercular masses; and (3) cavities; chronic bronchitis; recurrent (slight) hæmoptysis; pleuritic effusions, in-

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cluding empyema; and the lung affections of children of strumous constitution, which often form the seat of tubercle in after-life.

Growth from the Arytenoid Region.—At a meeting of the Laryngological Society of London Mr. Richard Lake presented a case of such a growth in a man aged 56, and said:—

"The patient, when he first came under my care six months ago, complained chiefly of dysphagia and otalgia, with excessive secretion of ropy mucus. There was, and there has been, no loss of voice, nor at any time any other symptom pointing to the larynx as being the seat of the disease. The patient gave a somewhat unintelligible history of the pain's coming on suddenly after a meal.

"The ear had been considered the seat of the trouble, and he had been using sedative drops for some six months.

"The objective symptoms were as follow: The pharynx was red and swollen, and had the appearance of a gouty pharyngitis. The ear was devoid of any active lesion. The larynx was difficult to examine, but a whitish translucent growth was noticed under the tip of the left arytenoid cartilage on its anterior surface.

"The patient was put under treatment to reduce the irritability of the pharynx; this was accomplished, and the removal of the growth suggested. At this the patient demurred, and disappeared for some time; he, however, returned, and I removed the growth, or rather the major part of it, with the forceps. There is still a small piece left on the outer side, which will also be removed. The subjective symptoms have almost disappeared." — Journal of Laryngology, Rhinology, and Otology.

Removal. — Dr. Frederick A. Packard announces his removal to 258 South Eighteenth Street, Philadelphia.

The Magazines.—*The Saturday-Evening Post.*—Among recent contents of this interesting periodical we find sketches illustrative of the career of Mr. Moody; stories of official Washington; the humor of politics, by former Senator John J. Ingalls; reminiscences by Richard Henry Stoddard. In his first impressions of Nathaniel Hawthorne Mr. Stoddard says:—

"Out-doors I saw for the first time the kind of man that Hawthorne was. More than handsome, more than fine-looking, there was distinction in his face and form —the distinction of manly beauty in the one and manly strength in the other. Nearly six feet in height, he did not appear tall, his shoulders were so broad, his limbs so shapely and well-proportioned. His head was large, harmonious in its outlines, and noble in its bearing; there was an air of grandeur about it, the certainty of reserved power in its repose. And his eyes—those large, deep-set, dark, luminous eyes that saw such visions and read such secrets —I will not try to describe them here."

McClure's.—In McClure's Magazine for May, Prof. Dean C. Worcester, of the Philippines Commission, gives an account of General Lawton and his last campaign as Professor Worcester came to know them in the course of his intimate association with Lawton in the Philippines. The article is illustrated with a series of portraits of Lawton and other pictures.

Professor Simon Newcomb writes of the total solar eclipse that occurred on May 28th, telling where and to what degree it was visible and what astronomers hoped to learn from it. He also gives an account of the important things that have been learned from previous eclipses. The article is fully illustrated.

Earl Mayo tells about "The Biggest Steamship Afloat"—the monstrous *Oceanic* —giving the story of her construction, describing her mammoth machinery, and showing how she is manned and operated. Photographs of all the interesting points and parts of the great craft are used to illustrate the article.

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Ray Stannard Baker tells the fairly romantic story of "The New Prosperity" that has burst like a miracle upon the world, and particularly upon the United States, within less than two years.

McClure's Magazine for May contains short stories by Conan Doyle, Robert Barr, Clinton Ross, and several other writers. It will also contain a true story of a fine old fire-department horse, by J. Lincoln Steffens.

Ladies' Home Journal. — Barrie, the author, has also found that a prophet is unhonored in his own country, for the plain, simple folks of his own Thrums think the "wee black mon" has held them up to ridicule in his "havers an' nonsense," as they regard his writings. It is a delightful view one gets of Barrie, and the scenes of his stories, from "The Real Thrums of Barrie," in the May Ladies' Home-Journal. Another article of strong personal interest recalls "A Famous Boston Belle," her philanthropy and patriotism. "The Flower that Set a Nation Mad" tells of the tulip craze in Holland. The Rev. Cyrus Townsend Brady continues his experiences as "A Missionary in the Great West," and Ian Maclaren conclusively answers the question "Is the Minister an Idler?" "What the American Girl Has Lost" is told by "An American Mother." Edward Bok writes on the evils of early marriages, and in commendation of the teaching of domestic science in our schools and colleges. "The Etiquette of Dances and Balls" and "How to Treat and Keep a Servant" are among the practical articles, which also consider fashions in woman's attire and every phase of home-life.

Scribner's. — The leading article on "Some Picturesque Sides of the Exposition" is both written and illustrated by the artist E. C. Peixotto. Mr. Peixotto's skill as a draftsman, shown in the Cromwell and the Revolutionary series, in this magazine, has enabled him to make the best possible pictorial presentation of the great French Exposition.

A great deal of information about "Rapid Transit in New York" has appeared in the daily press, but the first presentation of exactly what it means and how it will be carried out, and how the tunnel and its stations will actually appear, is contributed to this number by William Barclay Parsons, chief engineer of the Rapid Transit Commission.

Nothing has been more remarkable in the history of the West than the entire change in Colorado in a few years from a silver-producing to a gold-producing State. Just a little while ago the gold output of Colorado was $3,000,000 a year; it is now more than $30,000,000, and the greater part of it coming from Cripple Creek. Francis Lynde, the well-known writer, describes this tremendous industrial development in an article on "Cripple Creek" prepared after a special investigation undertaken for Scribner's.

The narrative of the Boer War is continued with another brilliant article from H. J. Whigham, who reviews the alleged mistakes of the British generals in strategy and tactics, and discusses many much-disputed points in the campaign.

In fiction this number contains "Egg Island," a story of a marvelous adventure on a yacht in the southern hemisphere. There is also another O'Connor story called "Princess Royal," which reveals that delightful Irishman in a most ingenious situation.

Barrie's "Tommy and Grizel" in this instalment shows Tommy in the difficult situation of attempting to make love and yet continuing to play a part.

Governor Roosevelt continues his monograph on "Cromwell" with an account of the commonwealth and protectorate. It shows where Cromwell as an executive fell short of the highest ideals by failing "to carry out his intentions in good faith without thinking of his own interests."

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The last Cromwell paper will appear in the June issue.

George McLean Harper, recently made the successor of Professor Bliss Perry at Princeton, contributes a very thoughtful and discriminating essay on "Balzac."

American Monthly Review of Reviews.—In the Review of Reviews for May, there is editorial comment on Admiral Dewey's candidacy; on the government of Puerto Rico under the law recently passed by Congress; on the proposed government of Alaska, and on the developments of the month in financial and industrial circles. Other topics treated in "The Progress of the World" are the rush to Cape Nome, fox-breeding in Alaska, the April elections, the epidemic of strikes, the opening of the Paris Fair, the military operations in South Africa, and the Delagoa Bay award.

Charles H. Allen, the first American governor of Puerto Rico, is the subject of a brief character sketch in the American Monthly Review of Reviews for May, by Henry Macfarland, the Washington correspondent.

The methods of fighting the bubonic plague in Honolulu are described in the American Monthly Review of Reviews for May, by Mr. Reuben D. Silliman, who gives a graphic account of the great fire of January 20th. The article is illustrated from photographs of the fire and of the temporary hospitals equipped for the emergency.

In the American Monthly Review of Reviews for May there are interesting sketches of Generals Joubert and Cronje, Commandant Botha, and other military leaders of the Boers, illustrated from photographs.

In the American Monthly Review of Reviews for May Prof. John R. Commons, the leading American authority on the subject of proportional representation, describes the new Belgian system, under which the first elections are about to be held.

The fullest account of the personality of the author of "Lorna Doone" that has been published on either side of the Atlantic is given by Mr. R. W. Sawtell, in the American Monthly Review of Reviews for May. Mr. Sawtell tells of Blackmore's home life and habits. He sketches the author as he appeared to the very few who in later years succeeded in penetrating that strange reserve which so long remained a barrier between Blackmore and his contemporaries.

Charing Cross Hospital Medical School.—Mr. B. Moore, M.A., Professor of Physiology at the Sheffield Medical School, and lately Assistant Professor of Physiology at University College, has been appointed Lecturer on Physiology at the Charing Cross Hospital Medical School.

Syphilitic Heart Disease.—Syphilitic disease of the heart is of rare occurrence, and still more so is that form in which the malady assumes the character of gumma of the cardiac wall. Such a case is published by Dr. Lazarus Barlow. The patient was a male, aged 40, who was picked up dead in Hyde Park. He appeared to have led an irregular life for years. Beyond the heart condition, no morbid appearances were found in the other organs, except in the case of the liver, where a depressed scar was discovered in the convexity of the right lobe, an important corroborative evidence. The heart weighed 17 ounces. Several whitish masses, varying in size from that of a hazel-nut to a pea, were found in the wall of the left ventricle, and in the columnæ carneæ and musculi papillares of the right ventricle numbers of minute foci of similar description were found. The lesions were all syphilitic and gummatous. The author has examined the records of 11,000 post-mortem examinations, and only in eight was it found that gumma of the heart existed. An important point is the light thrown upon many cases of fibroid disease of the muscular walls of the ventricle by this case. In the right ventricle there was much fibrosis, and

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it would seem to be extremely probable that fibroid degeneration of the heart-muscle may be, in reality, a terminal phase of syphilitic disease of the organ. If this is so, syphilis of the heart must be less uncommon than is usually thought to be the case, for fibroid disease is not nearly so rare as what is usually described as undoubted syphilis of the organ.—Medical Times and Hospital Gazette.

Influenza and Chronic Heart Diseases.—At the German Congress of Medicine Dr. H. Schott, of Naulteim, described three groups of cardiac affections which he considered were produced or aggravated by influenza: (1) primary cardiac disease; (2) diseases of the heart resulting secondarily from diseases produced by influenza; (3) aggravation of existing cardiac troubles. In the first group he described cardiac affections of nervous origin which lead to tachycardia, bradycardia, pseudangina, real angina, and cardiac neurasthenia. Among the diseases produced by influenza and causing heart diseases were affections of the respiratory organs, of the cerebro-spinal system and intestinal tract. Any one of these might lead to valvular disease, diseases of the cardiac muscle, and cardiac neuroses. Among predisposing causes were corpulence, gout, diabetes, and arteriosclerosis. Finally, those patients already affected with heart disease were often seriously and fatally influenced. A large number of congenital heart cases died in consequence of influenza, and, on the other hand, many latent cases and others temporarily cured were reawakened. —British Medical Journal.

Losses to the Profession.—Death has recently removed some eminent colleagues. In Vienna professional circles mourn the death of Hofmokl, the prominent surgeon, and Gruber, the illustrious otologist. The latter "was made Extraordinary Professor in 1870, and in 1873 he became Director of the reconstructed Otological Clinic, which he carried on simultaneously with Professor Politzer. In 1896 the title of Ordinary Professor was accorded to him. He was a teacher of the first rank, and those desirous of studying otology flocked from all parts of the world to his clinic. On all sides one has heard expressions of deep admiration for the geniality, straightforwardness, and friendliness which he displayed toward those who have presented themselves to him either as students or as accredited visitors.

"He founded, along with Schrötter, Rüdinger, Voltolini, and Weber-Liel, the Monatsschrift für Ohrenheilkunde, one of the most valuable periodicals to all students of diseases of the throat, nose, and ear, in which have appeared some of the epoch-making articles in these specialties.

"His large text-book on otology was published in 1870, and in 1888 there appeared a second edition, which was translated into English by Dr. Edward Law.

"Professor Gruber was a voluminous writer, and it is believed that his smaller works are no fewer than 150 in number.

"Having reached, on August 4, 1897, his seventieth birthday, he retired on the score of age from his university duties; but this did not prevent him from carrying out a clinic for the benefit of the poor." (Journal of Laryngology, Rhinology, and Otology.)

Edinburgh laments the decease of Sir Andrew Douglas Maclagan, late Professor of Medical Jurisprudence and Public Health in the University.

"On his appointment to the Chair of Forensic Medicine and Public Health Douglas Maclagan became *ex-officio* one of the Assistant Professors of Clinical Medicine, and lectured in the infirmary in rotation with Bennet and Laycock. In course of time he became Senior Professor of Clinical Medicine, and during the later years of holding this position he lectured almost entirely on dermatology. He was a leading authority on the analysis of poisons, and almost all the medico-legal cases of

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Scotland demanding a knowledge of this kind came into his hands. His contributions to the literature of forensic medicine, and especially of toxicology, were numerous and important. Scarcely less so were his papers on materia medica and therapeutics." (British Medical Journal.)

Another eminent British physician who recently passed away was Sir William Overend Priestley, the distinguished obstetrical physician and gynæcologist, representative in Parliament of the Universities of Edinburgh and St. Andrews. Sir William was a grandnephew of the celebrated chemist, Dr. Joseph Priestley.

"Sir William Priestley became a Fellow of the Royal College of Physicians of Edinburgh in 1858, a Member of the Royal College of Physicians of London in 1850 and a Fellow in 1864. He was a member of the Council of the College in 1878-80, delivered the Lumleian Lectures in 1887, and was a Censor in 1891-92. He was the President of the Obstetrical Society of London in 1875, and of the Metropolitan Counties Branch of the British Medical Association in 1895. He was also the President of the Section of Obstetric Medicine at the annual meetings of 1887 in Manchester and of 1895 in London. On his retirement from King's College Hospital he was made Consulting Physician, and remained a member of the Council of the College. He was an honorary member of the Obstetrical and Gynæcological Societies of Berlin and Leipzig, of the Obstetrical Society of Edinburgh, and of the American Gynæcological Society, and a vice-president of the Paris Medical Society. He was also an honorary LL.D. of the University of Edinburgh." (British Medical Journal.)

Landon Carter Gray, M.D.—"By the death of Dr. Gray, which occurred on Tuesday, May 8th, the profession loses a genial member and a neurologist of prominence. He was a graduate of the Bellevue Hospital Medical College, of the class of 1873. He was a member of the faculty of the New York Polyclinic, and had at various times held the presidency of several medical societies. His decease, which had been expected for a number of weeks, was untimely, for he was only in his fifty-first year. He was the author of an excellent text-book of neurology." (New York Medical Journal.)

American Climatological Association.—The seventeenth annual meeting of the above association was held in Washington, May 1st, 2d, and 3d of the current year. Papers were read, among others, by Dr. Arnold C. Klebs, of Chicago; Dr. Charles Denison, of Denver, Col.; Dr. H. P. Loomis, of New York; Dr. Boardman Reed, of Philadelphia; Dr. R. G. Curtin, of Philadelphia; Dr. J. H. Kellogg, of Battle Creek, Mich.; Dr. S. E. Solly, of Colorado Springs; and Dr. J. Madison Taylor, of Philadelphia.

According to the constitution of the society, papers are confined to climatology, hydrology, and diseases of the respiratory and circulatory organs.

Mercurial Teeth.—Jonathan Hutchinson finds that it is easy, in any case in which a full set of the permanent teeth has been cut, to tell whether the patient has taken mercury in infancy. A guess may also be made as to the exact age at which the mercury was given. The first molar is the tooth to look at, and its condition should be contrasted with that of the two bicuspids in front of it. If the latter are white and sound while the molar is defective as regards its enamel, and is either destroyed by caries, or shows projecting spines of exposed and discolored dentine, then it is almost certain that the enamel organ of the tooth was damaged by alveolar congestion in infancy. This tooth is the first of the second set to calcify, and is therefore the most in risk of damage by mercurial stomatitis in very early infancy. Simultaneously with it, the canines and all the incisors frequently escape, while the two

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bicuspids almost always escape. If the mercury be given late in infancy, during or after the second year, then the first bicuspid may suffer also, but the hinder one almost invariably escapes. Long experience has convinced him that these points are trustworthy.—Pediatrics.

Membranous Occlusion of the Trachea.—Mohinie records the case of a man giving a history of typhoid at the age of sixteen followed by prolonged convalescence; at the age of eighteen pains in the throat, particularly about the larynx, accompanied by frequent dry cough. No history of syphilis. Dyspnœa was first noticed two years before he presented himself. On examination a state of "nasal and tracheal ozæna" was found, but dyspnœa was due to the presence, about two centimetres below the cords, of a horizontal membranous diaphragm pierced in the centre by an aperture the size of a crow-quill. Dilatation was successfully accomplished with Schroetter's tubes. The author considers the condition secondary to the tracheal ozæna. Eight additional cases are quoted. —Journal of Laryngology, Rhinology, and Otology.

Faculty of Physicians and Surgeons, Glasgow.—This noted faculty recently celebrated the tercentenary of its foundation.

Acute Meniere's Symptoms in Splenomedullary Leucocythæmia. — In a communication, entitled "Acute Ménière's Symptoms in Splenomedullary Leucocythæmia, with Special Reference to the Anatomical Changes found in Acute Leucocythæmic Affections of the Ear," to the Royal Medical and Chirurgical Society and published in the Journal of Laryngology, Rhinology, and Otology, Dr. F. Parkes Weber says:—

"A man, aged 31, suffering from advanced leucocythæmia, was admitted to the German Hospital with great enlargement of the spleen and liver. He had had malaria six years previously. He died about six and a half months after admission from collapse following internal hæmorrhage. During life the ophthalmoscope showed the presence of the so-called "leukæmic retinitis." About six months before his death he was attacked with acute ear symptoms (headache, vertigo, and vomiting). Examination of the patient's hearing, etc., pointed to the symptoms' being probably due to a leucocythæmic affection of the internal ears. In a very short time the man became quite deaf. Post-mortem examination of the ears (that is, showing the changes about six months after the onset of the acute Ménière's symptoms) proved that a portion of the scala tympani (one side only examined) and the perilymphatic spaces of the semicircular canals (both sides examined) were filled with newly-formed fibroid and bony tissue. The scala vestibuli, canalis cochleæ, and vestibule showed only comparatively slight changes. Transverse sections of the nerve-trunks showed no obvious change.

"From a comparison of various cases, it is concluded that the pathological appearances presented by the internal ears after death vary in different cases, partly in accordance with the length of time which has elapsed between the onset of the acute aural symptoms and the death of the patient. In most cases of acute leucocythæmic affection of the internal ears post-mortem investigation suggests that the following is the sequence of events: The commencement of the aural symptoms marks the occurrence of more or less extensive extravasations of blood in the semicircular canals and the cochleæ, the process being doubtless nearly always more or less symmetrical and simultaneous in the two ears. In such cases the labyrinthine hæmorrhage is probably the essential lesion which gives rise to the acute aural phenomena in question. Subsequently vascularization and organization proceed in the usual manner, with the result that the clot becomes gradually replaced by newly-formed connective

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tissue, closely connected by its blood-vessels with the endosteum of the bony labyrinth. In process of time (if the patient lives long enough) more or less ossification occurs in the newly-formed tissue, and irregular processes of bone project inward from the walls of the bony labyrinth. At this stage of the pathological process transverse sections of the bony semicircular canals mostly show the membranous canals surrounded by a meshwork, or by irregular masses of newly-formed bone and fibroid tissue, completely filling up the perilymphatic spaces."

The Middleton Goldsmith Lecture.—The Middleton Goldsmith Lecture of the New York Pathological Society was delivered at the Academy of Medicine on Friday evening, April 13th, at 8.30 o'clock, by Dr. Simon Flexner, of the University of Pennsylvania. The subject of the lecture was "The Pathology and Etiology of Dysentery."

Death of Professor Delstanche. — It was only in the March issue of the MEDICAL BULLETIN that we spoke of the approaching jubilee of the eminent Belgian otologist, and now we learn that he has passed away from the scenes and activities of this world. Professor Delstanche was 60 years of age and a native of Brussels. He was highly esteemed for his personal character and his scientific labors. The deceased was an ingenious man, and had devised a number of instruments of value in his specialty. He had written many valuable papers, and was a regular attendant at international congresses.

Resignation of Professor Ashhurst.—Dr. John Ashhurst, Jr., has resigned the John Rhea Barton Professorship of Surgery in the Medical Department of the University of Pennsylvania, his resignation to take effect August 31, 1900.

Dr. Robert Abbe Consulting Surgeon to Roosevelt Hospital.—At a meeting of the board of managers of Roosevelt Hospital held recently, Dr. Robert Abbe was unanimously elected consulting surgeon to the hospital in place of Dr. Robert F. Weir, transferred to the staff of attending surgeons.

Cuyahoga County (Ohio) Medical Society.—The following officers have been elected: President, C. J. Aldrich, M.D. First vice-president, W. E. Lower, M.D. Second vice-president, J. P. Sawyer, M.D. Secretary, C. C. Stuart, M.D. Treasurer, L. S. Chadwick, M.D. Board of Censors, H. A. Becker, M.D.; A. J. McNamara, M.D.; S. H. Large, M.D. Trustee, Hunter Robb, M.D.

The New York Genito-Urinary Society.—A new medical society has been formed with this name, the membership in which will be confined to medical men engaged in active clinical work in connection with one branch or another of this specialty. Meetings will be held once a month, when cases will be reported, and at least one paper read. The officers for the first year are: President, Dr. Ramon Guitéras; first vice-president, Dr. Winfield Ayres; second vice-president, Dr. Otis K. Newell; treasurer, Dr. George W. Blanchard; secretary, Dr. A. D. Mabie; corresponding secretary and stenographer, Mr. Samuel Bennett.

Old Specula.—The Medical Record says that the Bulletin d'Oculistique relates a story answering the query: "What becomes of the old speculum?" A physician happening to enter the kitchen in a country hotel saw a brightly polished bivalve hanging among the cooking-utensils, and upon inquiry learned that it was used by the cook for molding sausages. The proprietor had bought it at an auction of second-hand household effects.

Mental Condition after Operation.—The International Journal of Surgery says:—

"Many patients suffering from shock, as in some cases of strangulated hernia, appendicitis, etc., often present a peculiar state of mind, in which they show a queer combination of fear with a strangely boast-

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ful and assertive spirit, being apt to assert that they are feeling very well. It is well not to be deceived by such a state of affairs, which most commonly reveals a condition attended with no little danger."

The Malarial Experiments in Italy.—An experiment of a practical nature is to be tried in one of the most malarial parts of the Campagna. Dr. Sawbon and Dr. Low have volunteered to live in a mosquito-protected dwelling during the four months when malaria is most prevalent in that ill-favored district. Professor Celli has already attempted protection of the kind for some of the Italian dwellers in the Campagna, and with gratifying results. A party of medical men from England, during a visit to Rome, in January of this year, witnessed the good results of Celli's work.—Medical Times and Hospital Gazette.

Exploratory Incision for Tuberculous Peritonitis. — Ebstein has collected two hundred and twenty-seven cases of incision into the peritoneal cavity designedly for the cure of tuberculous disease, with after-histories. He concludes that the simple fact of incision is the most evident factor in cure in surgical proceedings of this class. Permanent cure after speedy disappearance of the local disease follows opening of the peritoneum without antiseptics, without washing out the peritoneal cavity, and without the aimless, useless, tedious, and therefore dangerous dissecting away of tuberculous nodules, Fallopian tubes, etc. This latter practice is specially bad, as by the nature of the case it must be incomplete, the whole or greater part of the peritoneum and many of the viscera being already extensively involved. Ebstein reports fifteen unpublished cases in which simple opening of the peritoneum for tuberculous disease was practiced at the Breslau clinic with the best results.—British Medical Journal.

American Neurological Association. — The twenty-sixth annual meeting of this society was held in Washington, in conjunction with the Congress of American Physicians and Surgeons, on May 1-3, under the presidency of Dr. Edward D. Fisher, of New York.

An Important Question. — The Medico-legal Society invited the views of the two professions of law and medicine to an answer to the following question for its April meeting:—

"What has been, in your opinion, the most notable advance in that branch of Forensic Medicine with which you are most familiar during the nineteenth century?"

Short replies were desired, rather than extended communications.

Those who were not present should communicate their views in writing.

We learn that the Medico-legal Journal will be glad to receive responses to this question at any time up to the fifteenth of June.

This question is very important and opportune, and should receive a prompt answer from all who take an interest in this branch of medicine.—International Journal of Surgery.

The Antituberculosis Congress.—The International Antituberculosis Congress, attended by more than 1000 delegates, was opened in the San Carlo Theatre, Naples, on April 25th, in the presence of King Humbert, Queen Margherita, the Prince and Princess of Naples, and the Duke of Genoa, who were accompanied by General Pelloux and Signor Baccelli. The delegates present included representatives of the Governments of Germany, Austria-Hungary, France, Spain, Portugal, Sweden and Norway, Greece, Roumania, Russia, and the United States. The audience included many scientific notabilities, both Italian and foreign. His Excellency, Professor Baccelli, the Minister of Public Instruction, delivered the inaugural address; the Mayor of Naples, the Rector of the University, and one delegate from each of the States represented also spoke. The

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first sitting of the congress, held the same afternoon, was devoted to a discussion on the prophylaxis of tuberculosis.—British Medical Journal.

American Dermatological Association.—At the meeting held in Washington the following officers were elected: President, Dr. F. J. Shepherd, of Montreal; vice-president, Dr. D. W. Montgomery, of San Francisco; secretary, Dr. F. H. Montgomery, of Chicago. The next meeting will be held in Chicago in June, 1901.

Hæmophilia in the Negro.—As long ago as the year 1820 an attempt was made to collect all the reported cases of hæmophilia, by Naas, a German physician. Since then several other writers have at intervals carried out the same task. Of the races represented in the list, the Anglo-Germanic has furnished the most cases, but it is curious to note that throughout the literature upon the subject there are only two cases recorded as having been met with in the negro. The first was that of a mulatto boy, aged 7, reported by Hadlock, of Cincinnati, in 1874, where the diathesis became manifest after the extraction of a tooth, death subsequently following. The second case is published in the February issue of the Johns Hopkins Hospital Bulletin, for the current year, by Steiner. But the latter writer points out that in neither case the hæmophilia was in patients of pure negro blood. In his own case the patient's great-grandmother was a bleeder, of Scotch nationality, who married a Guinea negro, while her grandmother, also a bleeder, married an Irishman. Thus she was far removed from a pure negro stock, although she is described as a "quite well developed dark-skinned negro girl." The form in which she was troubled with hæmorrhage was epistaxis, but it had never assumed a serious character.—Virginia Medical Semimonthly.

Pathological Society of Philadelphia.—At the annual conversational meeting Prof. Theobald Smith, of Harvard University, delivered an address entitled "Comparative Pathology and its Relations to Biology and Medicine." After the meeting a reception was tendered Professor Smith at the University Club.

Yellow Vision after Snake-bite.—Richard Hilbert mentions the various conditions attended with the phenomenon of colored vision. So far as he is aware, his is the first report of seeing yellow after snake-bite. A young girl, walking barefoot in the fields, fell with a piercing cry that she was bitten on the toe by a snake. The snake was seen by others. An hour later, when brought to the office, blood could be squeezed from the wound near the nail. The limb was five centimetres greater in the middle thigh than its fellow, and the calf four centimetres. The next day there were stiffness and pain, besides the symptom that all light-colored objects appeared bright yellow. A bluish discoloration of the skin, extending over the abdomen, required fourteen days to disappear. It was seven and a half weeks before the child was well again. It would be interesting to learn whether in tropical countries, where snake-bite is more frequent, yellow vision is a common symptom.—Medical Record.

Yale Medical School.—Dr. Otto G. Ramsay, of the Johns Hopkins University, has been appointed to the chair of gynæcology at the Yale Medical School to succeed Prof. B. Austin Cheney, who has recently resigned.

Tri-State Medical Society of Iowa, Illinois, and Missouri.—Officers for the ensuing year were elected as follows: President, Dr. Henry Hatch, Quincy, Ill. First vice-president, Dr. H. Landis Getz, of Marshalltown, Iowa. Second vice-president, Dr. A. K. Van Horn, of Jerseyville, Ill. Secretary, Dr. W. B. la Force, of Ottumwa, Iowa. Treasurer, Dr. D. S. Fairchild, of Clinton, Iowa. Keokuk, Iowa, was selected as the place of next meeting, on the first Tuesday and Wednesday of April, 1901.

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Dr. Patrick Manson.—Dr. Patrick Manson, C.M.G., has been elected a Foreign Associate of the Paris Académie de Médecine. Professor Ernst von Bergmann was elected at the same time. Dr. Manson received 50 and Professor von Bergmann 49 votes out of a possible total of 59. Three voters returned blank papers.

The American Gastro-Enterological Association.—The third annual meeting of this association was held in Washington on May 1st, under the presidency of Dr. Max Einhorn.

An Anecdote of Surgeon-General Sternberg.—Surgeon-General Sternberg, of the army, says that when he was going into the battle of Bull Run the Irish sergeant-major of his regiment came to him with a big bag of gold coin weighing three or four pounds and said:—

"Doctor, I know that I'm to be kilt entirely, an' I want you to take care of this money an' see that it gets to the ould folks at home."

There was no time for remonstrance, or make any other arrangement, and, dropping the bag into the surgeon's lap, the Irishman hurried away to his place at the head of the column. All through two bloody days Dr. Sternberg carried that bag of gold with his surgical instruments, and it was a burden and embarrassment to him. He tried to get rid of it, but couldn't find any one willing to accept or even to share the responsibility, and he couldn't throw it away for the sake of the "ould folks at home."

Toward the close of the second day the surgeon was taken prisoner. He lost his surgical instruments and his medicine case, but clung to the gold, and, making a belt of his necktie and handkerchief, tied it around his waist next to his skin to prevent its confiscation by his captors. During the long, hot, and weary march that followed, the gold pieces chafed his flesh, and his waist became so sore and blistered as to cause him intense suffering, but he was bound that the "ould folks at home" should have the benefit of that money, and, by the exercise of great caution and patience, managed to keep it until he was exchanged with other prisoners and got back to Washington. There he found his regiment in camp, and one of the first men to welcome him was the Irish sergeant-major, who was so delighted to learn that the doctor had saved his money that he got drunk and gambled it all away the first night.

A New Laboratory for Cornell University.—A new laboratory for physiology and anatomy is projected at Cornell University. Eighty thousand dollars have been given for this purpose.

Atresia Vaginæ.—J. M. Cotterill reports a case of atresia vaginæ where operation was desired by the patient for the purpose of sexual relations and to relieve pain and mental distress. The skin of the buttock was utilized in making new vaginal walls. The result was very gratifying, as the skin has desquamated and is beginning to take on the character of vaginal mucous membrane with a fair degree of sensation, referred at first to the buttocks, but now to the vagina.—Medical Review.

Tuberculosis of the Spleen.—Xavier Bender, of Paris, states that tuberculosis of the spleen is to the abdomen what the same disease of the lungs is to the chest, it being more frequently met with in the spleen than in any other organ in the abdomen excepting the lymph-nodes. It is usually secondary in this localization, but sometimes primary as well. In 312 autopsies performed on children the spleen was thus involved 107 times, being more frequent in boys than in girls. Adults are not so often affected as are children, still a secondary localization here is not at all uncommon. So much for the secondary form. Primary tuberculosis of the organ may be acute or chronic; a case of the former variety which came to autopsy presented within the organ a large number

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of miliary tubercles. Various lesions have been found in the chronic form. The symptomatology of splenomegalia is not well known (the primitive form); pain occurs early, while tumor formation is the rule. Digestive disturbance ensues, and the general condition is greatly affected. Cyanosis is common, but examination of the blood has led to variable results. The course is slow and chronic. Diagnosis is difficult.—Medical Review.

Toronto University. — Toronto University is advertising for two professors for the medical department. On account of the death of Dr. J. Elliott Graham, the professorship of medicine and clinical medicine is vacant, and the professorship of pathology also by the resignation of Dr. John Caven.

Professor Da Costa.—Dr. J. M. Da Costa has been chosen orator for the annual commencement exercises at Yale Medical College. His subject will be "Questions of To-day in Medicine."

University of Maryland. — Dr. I. Edmondson Atkinson has resigned the chair of therapeutics in the University of Maryland.

University of Edinburgh. — Dr. John Wyllie has been appointed to the chair of practice of physic in the University of Edinburgh, rendered vacant by the death of Sir Thomas Grainger Stewart.

Post-graduate Medical School of New York.—Dr. Charles Warrenne Allen has been elected Adjunct Professor of Skin Diseases.

Removal.—Dr. John W. Wilkins has removed to 1914 Arch Street, Philadelphia.

St. Timothy's Hospital of Philadelphia. —Heirs of the late Percival Roberts have donated $50,000 for an addition to the St. Timothy's Hospital as a memorial to him.

Professor Lydston.—Dr. G. Frank Lydston has been appointed Professor of Genito-Urinary Surgery in the Chicago Clinical School, *vice* Dr. F. Kriessl.

American Proctological Society. — The following officers were elected at the meeting of the American Proctological Society at Washington: President, Dr. James P. Tuttle, of New York. Vice-president, Dr. Thomas Charles Martin, of Cleveland, Ohio. Secretary, Dr. William M. Beach, of Pittsburgh, Pa. Executive council, Drs. S. T. Earle (Jr.), of Baltimore, Md.; A. B. Cooke, of Nashville, Tenn.; and J. R. Pennington, of Chicago, Ill.

New York Polyclinic.—Drs. Francis J. Quinlan and R. C. Myles have been elected professors of laryngology and rhinology in this school.

Philadelphia Hospital.—Dr. H. B. Allyn, formerly registrar, and Dr. D. Riesman, formerly assistant pathologist, have been elected physicians to the Philadelphia Hospital, in succession to Drs. Samuel Wolfe and F. A. Packard, resigned.

Diabetes Mellitus in a Child Three Years Old.—Dr. J. H. Sequeira, in the Lancet, describes the following case: The child was said to have had influenza six months before admission, and since had had great thirst, loss of flesh, and polyuria. The patient presented the typical aspect of a diabetic. The liver was enlarged; the urine was acid; specific gravity, 1.040; and contained a large amount of sugar. Under proper antidiabetic treatment the patient improved a good deal, the daily amount of urine fell to 600 cubic centimetres, and the quantity of sugar was much reduced (from 11 to 4 per cent.). The great reduction in amount of sugar occurred during an attack of jaundice; while this was at its height the amount of sugar fell to 0.7 per cent., while the average daily output of urine averaged 700 cubic centimetres. After the jaundice disappeared, the urine contained again 4 per cent. of sugar, and the average daily quantity was 100 cubic centimetres. The child finally died in diabetic coma during an attack of diphtheria.

It is quite impossible to account for this abrupt diminution of the quantity of sugar

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in the urine during jaundice. If it was due to the fever (102° F.) which existed at the onset of the jaundice, why then did not the same reduction take place when the child was suffering from diphtheria? — Medical Times and Hospital Gazette.

A Consolidation of Medical Journals.—The Memphis Lancet and the Memphis Medical Monthly have become consolidated under the title of the last-mentioned journal.

Vicarious Menstruation from the Gums.—W. George Beers, D.D.S., of Montreal, writes: "I have had a very complicated case of contraction of the superior and inferior teeth to contend with, and during the frequent visits of the patient, aged 17, I had opportunity for observing one of the most interesting cases of vicarious menstruation which the limitations of dental practice have ever brought to me. The day after I had taken the impression for models the patient came by appointment, and I noticed such an effusion of blood, about the gingival margins especially and the gums generally, that at first I suspected the blood in the mouth came from the lungs. But upon careful observation there was no mistake about the matter, and the surprise was the greater because the gums were healthy and the teeth free from caries or calculus. A week afterward I inserted the apparatus for expanding the superior arch. It was worn with comparative comfort until the periodical return of the menses, when the margins of the gums—which the plate did not touch—were inflamed, as if by the rough inner edges of a badly-fitting vulcanite plate, and the bleeding reappeared. Upon examination of the apparatus there were no exciting mechanical causes to produce such a result, and I was at a loss for an explanation until I found that the blood was non-coagulable, and that the same symptoms of hysteria were present which I had observed the previous month. I then made it my duty to extend my inquiries, and learned that the condition was regularly present each month, associated with severe migraine, and that the bleeding began and ceased coincidently with the recurrence and cessation of menstruation. As I write, the ninth observation has been made."—Pacific Medical Journal.

On Heredity in Disease.—D. J. Hamilton, M.B., in the Scottish Medical and Surgical Journal, remarks as follows: 1. There is no evidence proving that diseased conditions of body, excited by external agencies, using the term in its broadest sense, can be transmitted hereditarily through generations. 2. That the various hereditary tendencies or predispositions to disease of the hereditary type have arisen as variations in the germ-plasm. 3. That these predispositions to disease probably extend far back into the history of the human race, and break out only occasionally, in accordance with the laws of atavism. 4. That external agencies are merely the means of bringing them to light. 5. That there is little, if any, reliance to be placed in the evidence bearing upon the influence of maternal impressions. 6. That there is no reason to believe that telegony may not prevail in the case of hereditary predisposition to disease, as it evidently does in regard to other characteristics.—New York Medical Journal.

A Family with Addison's Disease.—Dr. R. A. Fleming and Dr. J. Miller, in the British Medical Journal, report the occurrence of what appeared to be Addison's disease in a mother and her four children. The illness of the mother, who was 28 years old, dated from her first pregnancy. Her skin was very dark, with blackish spots all over her body, nipples pigmented, and marked pigmentation of the mucous membrane of the mouth had appeared within a few months. There were marked gastro-intestinal disturbance, palpitation of the heart, and great weakness and prostration. (No mention of anæmia.)

In all four children the skin had darkened and black spots had appeared all over the body. The eldest child suffered from ap-

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parently-causeless attacks of nausea and vomiting. (No mention as to pigmentation of mucous membranes of the mouth in the children.)

If these children had Addison's disease, it will be the first recorded instance of the kind.—New York Medical Journal.

Pulmonary Gangrene Following Gastro-entero-anastomosis. — M. Peyrot and M. Milian report, in La Presse Médicale, such a case. In seeking the cause of gangrene of the lung, which is not very rare after these operations, they say that many theories have been advanced to explain the phenomenon. Anæsthesia, the dorsal decubitus, and post-operative septicæmia are the more commonly assigned causes. The lungs are the seat of preference because the septic material is transmitted to them by an embolus by way of the veins from an ulcer or from a septic focus. Bacterial infection may reach the lungs from the abdominal wound either by way of the veins or the lymphatics. Since gastric lavage or too early feeding by mouth of fermentable food may start up the peritoneal irritation which sends forth the septic material into circulation, the authors advise rectal feeding after these operations until the peritoneal scar is well healed.—New York Medical Journal.

Incision into the Scalp. — According to Dr. G. H. Monk (Boston Medical and Surgical Journal), when making an incision into the hairy scalp in the back of the head, and especially when it is particularly desirable to conceal the scar, the knife should be held in a position at right angles to surface of the skin where a verticle incision is to be made, but in a position oblique in reference to the skin whenever a transverse incision is contemplated—that is to say, as the knife goes through the scalp the blade should be kept parallel to the roots of the hairs so as not to divide them—Cincinnati Lancet-Clinic.

Long-Continued Fever of Uncertain Origin.—Dr. Munzer reports, in the Prager medicinische Wochenschrift, a number of cases in which, for a long time, the diagnosis was obscure. In some no diagnosis was made. He regards many of these cases as septic, originating in a malignant endocarditis. From his observations he is inclined to consider them as types of rheumatism without articular symptoms. The diagnosis must be made from the cardiac symptoms if they exist, the enlarged spleen, the character of the fever (which shows evening exacerbations with later irregular chills), passing pains in the bones and joints, and in subcutaneous hæmorrhages. The prognosis is always grave. The treatment consists of absolute rest in bed, avoidance of all excitement, and a bland diet.—New York Medical Journal.

Iritis, the Result of Dental Irritation.—B. L. Millikin, of Cleveland, reports a case of iritis, apparently originating as a reflex irritation from a carious tooth. The patient when first examined was suffering from an iritis of the right eye. This was successfully treated, and patient was discharged. About one and one-half months later patient returned with an acute iritis of the left eye, and in addition a swelling of the left side of the face and jaw, which was due to a tooth from which the filling had fallen out several days previously. This was attended to, and under treatment for iritis the condition promptly subsided. It now developed that at time of first attack she had been cutting a wisdom-tooth.—Medical Review.

University Hospital, Baltimore.—Dr. S. P. Latane has been appointed medical superintendent to succeed Dr. Spruill, resigned.

Dr. Alonzo Garcelon. — This veteran recently celebrated his eighty-seventh birthday.

Blennorrhagic Phlebitis. — M. Batut reports, in the Lyon Médical, a case of a man of twenty-three who had, as a sequel to an acute gonorrhœa, a phlebitis of the corpora cavernosa which produced, in turn, a gangrene of the glans penis, of the prepuce, and of the anterior urethra.—New York Medical Journal.

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Society of Dermatology and Syphilology.—The French society of the above title has recently elected the following officers for the ensuing year: President, M. Besnier; vice-presidents, MM. A. Fournier, Doyon, Mauriac; secretary-general, M. Hallopeau; annual secretaries, MM. Dubreuilh, Brodier, Gaston, Leredde, Perrin, and Wickham; treasurer, M. du Castel; archivist, M. Wickham; Committee of Direction, MM. Balzer, Brocq, Gaucher, le Pileur, and Tenneson. M. Bodin, of Rennes, was elected a titular member. MM. Breda, Doutrelepont, Hansen, Hyde, Koebner, Lanz, Lesser, Stephen Mackenzie, Mibelli, Neisser, Pawloff, Petersen, and Tommasoli were elected corresponding members upon recommendation of the committee.

Book Reviews.

International Clinics. A Quarterly of Clinical Lectures and Especially-Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology; Diseases of the Eye, Ear, Nose, and Throat; and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., Director of the Ayer Clinical Laboratory of the Pennsylvania Hospital, with the collaboration of John Ashhurst, Jr., M.D., LL.D., and Charles H. Reed, M.D., of Philadelphia; James T. Whittaker, M.D., LL.D., of Cincinnati; with Regular Correspondents in Montreal, London, Paris, Leipzig, and Vienna. Volume I. Tenth Series, 1900. Philadelphia: J. B. Lippincott Company.

This is a valuable number of an always excellent series. The topics discussed are of general interest and of practical character. The contributors are men of wide experience in their several spheres and are representative of different portions of this country as well as of foreign lands. The first section relates to disease in the Philippines, and includes a paper by Prof. Simon Flexner, of the University of Pennsylvania, who, it will be remembered, was one of a medical commission sent by the Johns Hopkins Hospital to investigate medical and climatic conditions in our new possessions. It contains also the observations of Dr. Louis F. Atlee, U. S. N., who served in the Philippines on the *Charleston*. A paper on "Camp Management" is written by Dr. Henry la Motte, who has had experience in both the army and navy. Professor Victor C. Vaughan, who served in the army during the war with Spain, contributes a study of typhoid fever among the troops at Chickamauga. In the section on therapeutics there is a timely article on the use of cacodylic acid and its derivatives by Dr. Armand Gautier, Professor in the Paris Medical Faculty. French physicians have during the last five years been making favorable reports concerning the use of cacodylic acid in cases where arsenic is indicated. This remedy was first suggested by Professor Gautier as a substance which contains an abundance of arsenic in a soluble state and organic form. It is well borne, has proved efficient, and can be given in large doses for long periods with no bad effects. These are undoubtedly valuable properties. Professor J. C. Wilson discusses an important subject with his usual perspicacity: "The Necessity for Isolation and Hospital Care for Poor Consumptives." A question of decided importance to all surgeons and necessarily so to those practicing in rural districts is that of "Operations in Private Houses." This is the title of a paper by E. Stanley Bishop, of Manchester, England. Another theme of great significance is that chosen by Dr. James Clifton Edgar, of New York City: "Obstetrical Prophy-

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laxis in Gynæcology." A large number of gynæcological cases originate in mismanagement or avoidable accidents of the pregnant, parturient, and lying-in states, and it follows that this class of invalids can be, at least, greatly reduced in number by careful attention at the proper time. The principles inculcated in this chapter should be carried out by every physician who practices the obstetrical art. The section devoted to the "Progress of Medicine" is prepared by Drs. Henry W. Cattell and M. J. Blackwood, and is a faithful presentation of the most recent advances and the present condition of different departments of our profession. The volume is exceedingly well issued and should be in every medical library.

The Treatment of Fractures. By Charles Locke Scudder, M.D., Surgeon to the Massachusetts General Hospital, Out-Patient Department, etc. Assisted by Frederic J. Cotton, M.D. With 585 Illustrations. Philadelphia: W. B. Saunders, 1900. Price, $4.50 net.

We take pleasure in highly commending this work. Many important changes have taken place in recent years in the treatment of this class of injuries, and the application of the Roentgen rays to the diagnosis has taught us much concerning the interpretation of the physical signs of fractures. This improved understanding has had its inevitable and beneficial influence on the treatment of broken bones. The author has written most instructively on his subject and has produced a work of moderate size which is replete with information. The revolution in the methods of dealing with many forms of fracture has all been in the direction of simplicity, and has enabled us to watch more closely the progress of cases and in numerous instances to secure improved results. The author's descriptions are excellent, the many illustrations enhance the value of the work, and it will undoubtedly obtain wide recognition as an admirable treatise.

Essentials of Diagnosis. Arranged in the Form of Questions and Answers. Prepared especially for Students of Medicine. By Solomon Solis-Cohen, M.D., Professor of Clinical Medicine and Therapeutics in the Philadelphia Polyclinic, etc.; and Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic, etc. Illustrated. Second Edition, Revised and Enlarged. Philadelphia: W. B. Saunders, 1900. Price, $1.00 net.

This is No. 17 of Saunders's Question-Compends. The book faithfully presents the most important points of diagnosis, and within its appointed limits is reliable and serviceable. It is well adapted to assist the young student or practitioner in the art to which it is devoted. The first edition had a remarkable sale, and, as the present issue has been enlarged and has incorporated the latest devices, we have no doubt that its popularity will continue.

CURRENT MEDICAL LITERATURE.

On the Cause of So-Called Phosphorus Necrosis of the Jaw in Match-workers. By Ralph Stockman, M.D., F.R.C.P.E.

The Care of the Sick and Wounded in the Revolution. By Francis R. Packard, M.D., Philadelphia, Pa.

Early Methods of Medical Education in North America. By Francis R. Packard, M.D.

Announcement of the Columbian University Medical School, 1898-99. Washington, D. C.

Thirteenth Annual Announcement of the Medical Department of the University of Oregon.

The Commoner Pustular Dermatoses, and their Relations to One Another. By William W. Knowlton, M.D., Philadelphia, Pa.

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The Intra-uterine Application of Chlorid of Zinc. Abstract by Hunter Robb, M.D., Cleveland, Ohio.

Case of Papilloma of the Ovary. By Hunter Robb, M.D.

The Bacteria Occurring in the Female Genital Canal and Their Relation to Endometritis. Abstract by Hunter Robb, M.D.

Secondary Abdominal Pregnancy after Traumatic Rupture of the Uterus in the Fourth Month. Laparotomy. Recovery. Abstract by Hunter Robb, M.D.

The Therapeutic Value of Oxygen. By W. L. Conklin, M.D.

Etiologie et Traitement de Certains Troubles Vocaux. (Travail de l'Institut de Laryngologie et Orthophonie.) Note sur le Traitement des Aphonies et Dysphonies Nerveuses. Par Paul Olivier.

Faculté de Médecine de Bordeaux, Travaux de la Clinique des Maladies du Larynx, des Oreilles, et du Nez, du Dr. E. J. Moure, Chargé du cours de Laryngologie, d'Otologie et de Rhinologie. Traitement des Tumeurs Malignes des Fosses Nasales. Par le Dr. E. J. Moure, Chargé de cours à la Faculté de médecine de Bordeaux.

Le Bégaiement dans la Littérature Médicale. Par Paul Olivier.

Report of a Case in Which Defective Speech Results in Some Interesting Derangements of Cerebral Functions. By G. Hudson Makuen, M.D., Philadelphia.

Defects of Speech. Clinical Lecture Delivered at the Polyclinic Hospital, Philadelphia. By G. Hudson Makuen, M.D.

Pancreatic Hemorrhage, with Report of Two Cases, and a Tabulated List of Cases Found in Literature, Forty in Number. By J. M. Anders, M.D., Ph.D., LL.D., Philadelphia.

Clinical and Scientific Contributions upon the value of the Widal Reaction, Based upon the Study of Two Hundred and Thirty Cases. By James M. Anders, M.D., and Joseph McFarland, M.D., Philadelphia.

Typhoid Fever Complicated with Hysterical Manifestations and Hyperpyrexia. By J. M. Anders, M.D., LL.D., Ph.D., Philadelphia.

The Bubonic Plague. By Walter Wyman, Surgeon-General of the Marine-Hospital Service.

Does the Removal of the Ovaries Exert Beneficial Influence on the Subsequent Progress of Malignant Diseases? By E. E. Montgomery, M.D., Philadelphia.

Ninth Annual Report of the State Board of Medical Examiners of New Jersey.

Morphinism Among Physicians. By T. D. Crothers, M.D., Hartford, Conn.

Neurasthenia; its Symptoms and Treatment. By Landon Carter Gray, M.D., New York.

Public Health Reports. Volume XIV, No. 46.

Public Health Reports. Volume XV. Nos. 13 and 15.

The Monthly Bulletin, Designed to Inculcate the Principles of Hygiene and Present a Record of the Public Health, Mortality, and Meteorology in Rhode Island. Volume XII, No. 1, January, 1900.

The Monthly Bulletin, Designed to Inculcate the Principles of Hygiene and Present a Record of the Public Health, Mortality, and Meteorology in Rhode Island. Volume XII, No. 2, February, 1900.

The Production of Diastase by Microscopical Plants. Illustrated by Stereopticon Views. By Jokichi Takamine, M.D., Brooklyn, N. Y.

Reports of Cases. Read Before the Luzerne County Medical Society at Wilkes-Barre, Pennsylvania, December 21, 1898. By G. W. Guthrie, M.D., Wilkes-Barre, Pa.

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COMMERCIAL NEWS.

CHOLERA INFANTUM.

By A. E. Chatfield, M.D.,
CLEVELAND, OHIO.

No subject is more important, especially at this period of the year, than that of infantile intestinal disorders, usually caused by the intense heat of summer, dentition, improper diet, and unsanitary surroundings. As physicians, we are called upon to combat that disease so dreaded by mothers—cholera infantum, it generally occurring in the poorer classes, where, alas, so often such a thing as asepsis is unknown!

I wish to report to you some cases that I have been treating in which I used with great success glyco-thymoline (Kress).

Aggie McK., aged 14 months, cutting four teeth, taken suddenly sick in the night with colicky pains, vomiting, and purging; pulse, 140; temperature, 104°; the stools in a few hours becoming copious, musty odor, greenish in character. The treatment at that time was mustard paste to abdomen and mild purgative. The next day I prescribed standard drugs, but the bowel trouble did not abate; she kept on in the same manner, growing weaker and becoming rapidly emaciated. On the fourth day I commenced using glyco-thymoline (Kress) with equal parts liq. bismuth., teaspoonful every two hours; it acted like a charm. After two doses could notice a change for the better, and in three days the child was convalescent.

Walter S., 4 months old, delicate, nervous, irritable from birth, had been suffering from cholera infantum for over a week, when I was called to see him; he had wasted to a mere nothing—eyes sunken, semicomatose, skin clammy, bowels moving every few minutes; ordered an enema of warm water with 1 ounce of glyco-thymoline (Kress) to pint. Administered internally:—

℞ Bismuth subcarbonas, ʒj.
Spt. myristicæ, *m*xx.
Spt. vini Gallici, ʒiij.
Glyco-thymoline (Kress), ℥ss.
Mistura creta, q. s. ad ʒiij.

M. Sig.: Teaspoonful every three hours.

The next morning, when I saw him, there was a slight change for the better and the bowels were not so active. Same treatment was kept up; there was a gradual recovery in three or four days, the stools were normal, and other symptoms had disappeared. I sent him to the Fresh-Air Camp, giving the mother a bottle of glyco-thymoline (Kress), with directions to use $^1/_2$ teaspoonful diluted three times a day. The child is picking up nicely.

John T., 2 months old. Typical case of cholera infantum. Had small hopes of saving the little one. Put him on equal parts of liq. bismuth. and glyco-thymoline (Kress), $^1/_2$-teaspoonful doses every three hours. It controlled the vomiting and regulated the bowels, and the child made a nice recovery.

I have also used glyco-thymoline (Kress) in syphilitic sore mouth, ulcerative stomatitis, and hæmorrhoids, and find it a splendid palliative. The results obtained were entirely satisfactory, both to myself and patients.

I shall continue to use it in my practice.

August 7, 1899.

WHY I USE PEPTO-MANGAN ("GUDE"): AN EXPERIMENTAL DEMONSTRATION.[1]

By William Krauss, Ph.G., M.D.,
Director of the Microscopical Laboratories of the Memphis Medical College; Pathologist and Visiting Physician to St. Joseph's Hospital, etc.,
MEMPHIS.

Some five years ago I wrote a paper for the Memphis Medical Monthly giving a

[1] Read before the Memphis Medical Society.

(Continued on Advertising Page 18.)

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SUPERIOR TO PEPSIN OF THE HOG

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

WARNER'S SOLUBLE HYPODERMIC TABLETS.

	Per Bot. 100 Tab.	Per Tube 20 Tab.
MORPHINE SULPH., ¼ gr.	85	20
MORPH. AND ATROP., No. 1 — Morphine Sulph., ⅛ gr. Atropine Sulph., 1-200 gr.	40	12
MORPH. AND ATROP., No. 2 — Morphine Sulph., 1-6 gr. Atropine Sulph., 1-180 gr.	45	13
MORPH. AND ATROP., No. 3 — Morphine Sulph., ¼ gr. Atropine Sulph. 1-150 gr.	55	15
MORPH. AND ATROP., No. 4 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-100 gr.	55	15
MORPH. AND ATROP., No. 5 — Morphine Sulph., ⅛ gr. Atropine Sulph., 1-150 gr.	40	12
MORPH. AND ATROP., No. 6 — Morphine Sulph., ⅛ gr. Atropine Sulph., 1-100 gr.	40	12
MORPH. AND ATROP., No. 7 — Morphine Sulph., 1-6 gr. Atropine Sulph., 1-150 gr.	45	13
MORPH. AND ATROP., No. 8 — Morphine Sulph., 1-6 gr. Atropine Sulph., 1-120 gr.	45	13
MORPH. AND ATROP., No. 9 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-200 gr.	55	15
MORPH. AND ATROP., No. 10 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-120 gr.	60	16
MORPH. AND ATROP., No. 11 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-60 gr.	65	17
MORPH. AND ATROP., No. 12 — Morphine Sulph., ⅓ gr. Atropine Sulph., 1-120 gr.	65	17
MORPH. AND ATROP., No. 13 — Morphine Sulph., ⅓ gr. Atropine Sulph., 1-150 gr.	90	22
MORPH. AND ATROP., No. 14 — Morphine Sulph., ⅓ gr. Atropine Sulph., 1-120 gr.	90	22
MORPH. AND ATROP., No. 15 — Morphine Sulph., ⅓ gr. Atropine Sulph., 1-100 gr.	90	22

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LARGEST PILL FACTORY IN THE WORLD.

ESKAY'S Albumenized FOOD

FURNISHES THE IDEAL NOURISHMENT IN

Health and Disease

FROM INFANCY TO OLD-AGE

The following excerpts from clinical reports show physicians' opinion of it:

"I frequently prescribe ESKAY'S FOOD. Last summer I used it in a number of cases of summer complaint with good results."

"I have found ESKAY'S FOOD among the very best of foods for invalids."

"I Find ESKAY'S FOOD one of the best for delicate and weak stomachs."

"I find ESKAY'S FOOD one of the best Foods for irritable stomachs and tuberculosis I ever used. Tried it in a case where all others had failed and received good results."

Samples and Clinical Reports Furnished Upon Application

SMITH, KLINE & FRENCH CO., Manufacturers, Philadelphia, Pa.

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résumé of the evolution of the iron compounds, and appended a report of cases giving blood-counts, etc. The manufacturers of the preparation I preferred saw fit to reproduce the case reports in their pamphlets, but said nothing about the reasons that induced me to prefer their product.

At a recent joint meeting of physicians and pharmacists I was criticised for opposing the use of ready-made compounds, while still advocating the use of peptomangan ("Gude"), which is a proprietary preparation. I hesitated considerably about bringing the matter up again, because I dislike to build up a reputation as an indorser, and have never in any other instance written an article indorsing a proprietary preparation.

I hope, however, to show you this evening that there is no pharmacopœial preparation that meets the requirements of an ideal iron compound, and, until this is found, I intend to continue to use what has never disappointed me, and is not based upon mere faith. The work of Bunge is too well known to be now quoted, and I will only make a few experiments before you this evening and show the reasons for the faith that is in me. There may be other proprietary iron compounds, and doubtless there are, that will come up to the same requirements, but I see no advantage in swapping the devil for the witch.

It is not necessary to repeat all the tests with all the official iron preparations, because they are divisible into groups, all the salts of one group behaving very much alike toward the gastric and intestinal juices.

An ingenious theory recently put forward regarding the action of the mineral salts of iron is that they decompose the substances in the intestinal tract which precipitate the food iron so that it may be absorbed. This is the only rational explanation of the fact that we do occasionally get results from them. On the other hand, it is far more rational to use an iron compound that can be, and is, absorbed, for then we are reckoning with known quantities, instead of blundering along, giving more iron at a dose than is contained in the entire body, and incidentally deranging the digestive functions by precipitating the gastric, pancreatic, and intestinal juices, and producing constipation by reason of the very astringent nature of some of the iron salts.

Beginning with the organic double salts, of which the scale salts are representatives, we notice from the addition of this gastric juice that a precipitate is formed; the double salt is decomposed and ferric salt remains, which is insoluble, both in gastric and intestinal juice.

The tincture of ferric chloride will precipitate some of the gastric constituents, though most of the iron will remain in solution in the hydrochloric acid; the iron still in solution will not be absorbed, because its non-diffusibility is taken advantage of in the manufacture of dialized iron, the acid passing through the animal membrane; when the iron finally reaches the intestine, the alkaline carbonates promptly precipitate it. Ferrous sulphate behaves similarly. In both instances, as you see, the very insoluble ferric oxide is finally formed. If you have ever tried to remove iron stains from your water-pitcher you have some idea how insoluble it is.

The insoluble compounds, like reduced iron, or Vallet's mass, only serve to render inert the arsenic with which they are usually prescribed; if dissolved at all in the stomach, they are reprecipitated in the intestine.

Taking now Gude's preparation, we find it soluble, not only in all these reagents, but also in a mixture of them. Potassium ferrocyanide readily gives the iron reaction; excess of ammonia will separate it, redissolving the manganese, which is then recognized by the color of its sulphide;

(Continued on Advertising Page 20.)

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PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

BURN BRAE

A PRIVATE HOSPITAL FOR MENTAL AND NERVOUS DISEASES.

Founded by the Late Robert A. Given, M.D., in 1859.

Extensive and beautiful grounds. Perfect privacy.
Located a few miles west of Philadelphia.

Refers by permission to Drs. H. C. Wood, R. A. F. Penrose, J. M. Da Costa, Alfred Stillé, James Tyson, Charles K. Mills, William Pepper, William Osler, Wharton Sinkler, Thomas G. Morton, H. A. Hare, James Hendrie Lloyd, F. X. Dercum, Laurence Turnbull, W. W. Lassiter, Barton Cooke Hirst, John Ouchterlony.

Resident Physicians: J. WILLOUGHBY PHILLIPS, M.D.
S. A. MERCER GIVEN, M.D.

For full information, address, BURN BRAE,
Clifton Heights, Delaware Co., Pa.

TELEPHONE CONNECTION.

"It is a standard in my armamentarium."
CHARLES A. L. REED, M.D.

MAIZO-LITHIUM

LITHIC SOLVENT DIURETIC

Genito-Urinary Sedative.

Subdues Inflammation of Mucous Surfaces of Urinary Passages. Indicated in Cystitis and Urethritis, Acute or Chronic. Impedes Development of Gonococci.

The chemic union of Maizenic Acid—*from Green Corn Silk*—with Lithium, resulting in MAIZENATE LITHIUM. 2 grs. to drachm.

DOSE—1 to 2 drachms.

"Three Chlorides (HENRY) is my favorite formula."
G. FRANK LYDSTON, M.D.

HENRY'S THREE CHLORIDES.

(*Liq. Ferrisenic Henry*)

A Potent Stimulant to the Glandular System. Promptly Reconstructive in Local or General Disturbances of Hard or Soft Tissue.

TONIC, ALTERATIVE, STOMACHIC.

Indicated in Anæmia, Chlorosis, Specific Invasions, and Convalescence.

Each fluidrachm contains:—
1-8 gr. Protochlor. Iron.
1-128 gr. Bichlor. Mercury.
1-280 gr. Chlor. Arsenic.
Calisaya Alkaloid Cordial.

"The formula of HENRY'S Tri-Iodides commends itself to the profession." A. M. OWEN, M.D.

HENRY'S TRI-IODIDES

(*Liq. Sali-Iodide Henry*)

Resolvent, Regenerant, Antiarthritic, Antirheumatic, Antisyphilitic. Excites Normal Lymphatic Energy, Hastens Waste Elimination, Encourages Resolution, Energizes Iodides and Salicylates.

Colchicine, 1-20 gr.; Decandrin, 1-10 gr.; Solanin, 1-3 gr.; Sodium Salicylate, 10 grs.; Iodic Acid (equal to 7-32 gr. of Iodine), in 2 fluidrachms of Aromatic Cordial.

HENRY PHARMACAL CO.,
LOUISVILLE, KY.

Elixir Phosphorus Comp.

The difficulty experienced in dispensing Phosphorus in a safe, accurate, and agreeable form has for many years been the greatest drawback to the extensive use of this valuable remedial agent. In this preparation all of these objections have been thoroughly overcome; it is absolutely reliable, non-irritating, and very pleasant to the taste. Each fluidrachm or teaspoonful contains one one-hundredth (1-100) of a grain of Free Phosphorus held in perfect solution and of assured stability, keeping without oxidation or change for any length of time. It may also be combined with other preparations, such as Tinct. Nux Vomica, Tinct. Ignatia Amara, Tinct. Cinchona Comp., Elixir Iron, Quinine, Strychnia, etc. The quantity of Phosphorus in each teaspoonful being assured to the Physician, he can readily prescribe this Elixir with confidence and advantage to the patient.

Prepared by ROBT. T. YOUNG, *Apothecary,*
1634 CHESTNUT ST., PHILA.

Professor Shoemaker says: "In medicinal doses the action of Phosphorus upon the nervous system is that of a tonic and stimulant. It is useful in nervous debility, neuralgia, sexual excesses, anæmia, paralysis, melancholia, morphinomania, rickets, boils, acne, eczema."—*Vide Materia Medica and Therapeutics*, vol. ii, pp. 8–10.

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the alkaline copper solution gives the reaction for peptone, showing that it is what the label says. It mixes with arsenious acid, forming a perfect solution, thus giving us a most useful hæmatopoietic agent. The soluble alkaloids are perfectly soluble in it, as is also mercuric chloride. Being a peptone, it is readily diffusible by osmosis.

The only disturbing agent in the intestinal tract is hydrogen sulphide; this will precipitate it, but, presumably, much of the iron must have been absorbed before it encounters this gas; if not, appropriate agents should be used for its elimination.

Therapeutically, it does not nauseate, constipate, discolor the teeth, precipitate the digestive agents, nor become inert from contact with them. As to the clinical results, I need not add anything to the many reports already on record.

210 TO 220 RANDOLPH BUILDING.

SOME USES OF PHENALGIN.

Dr. Clemens W. McMillan, of St. Louis (International Journal of Surgery, May, 1900), writes of his experience with phenàlgin, as follows:—

"I could cite you a good many cases that I have used it in, but it would be the mere repeating of results others have had, for any physician who would give it a fair test will not be disappointed, for it is as certain in its action as the sun that gives us light and heat.

"Phenàlgin, in my opinion, is one of our most reliable analgesics and hypnotics. I have one patient, a businessman, who will get on an 'occasional spree,' and, when he does, he invariably comes to me for some of those 'little tablets' to ease his head and allay that 'uncertain feeling' in his stomach. I usually give him a dose of about 15 grains, and have never had to repeat it. As he expresses it, he feels like a 'new man' in a half-hour.

"There is no doubt but that phenàlgin possesses marked hypnotic power. I have given it in doses of from 10 to 20 grains, to hysterical women during menstrual period, when chloral, trional, or the bromides seem to have little effect, only to have them quiet down and go into a sleep lasting several hours, and awaken entirely free from pain, or, if any pain at all, it would be very slight.

"In grip, in combination with quinine (℞ phenàlgin, quinine sulphas, of each, gr. ij, every three or four hours), I have found it to act very nicely, especially in relieving the distressing neuralgic pains accompanying grip.

"Now a few words in regard to dosage. I have found the 2 1/2-grain tablets to relieve a mild pain, and act very satisfactorily as an antipyretic; but, to get positive analgesic and hypnotic effects, I recommend doses of from 10 to 30 grains. I gave one patient a dose of 40 grains, without any unfavorable after-effects."

A CHINESE FOUNDLING-ASYLUM.

One of the greatest of Chinese wickednesses, and one which missionaries are constantly deploring, is child-murder. Many foundlings are left at the door of that magnificent Italian institution, commonly called the "Girls' Orphanage," at Hankow. The institution now consists of five blocks of main buildings two stories high. The number of inmates is seldom less than a thousand, and up to the present time 94,650 taels (£12,000) have been spent on grounds and buildings. The expenses amount to about 200,000 francs *per annum*, and this is contributed mainly by France and Italy. Females of all ages are admitted to the orphanage, from a baby to an old woman; though the institute prefers to have them when they are young. The inmates come in many different ways, and for many different reasons. The babies are received much in the same way as in all foundling hospitals. Baskets

(CONTINUED ON ADVERTISING PAGE 22.)

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ANTIZYMA THE SAFEST FEBRIFUGE of TO-DAY.

Est. 1888.

Trade Mark.

ANTIZYMA Does NOT contain ANY COAL TAR DERIVATIVES or narcotics.

ANTIZYMA Ensures normal temperature in 12 to 48 hours.

ANTIZYMA Is an absolutely safe tonic cardiac stimulant.

ANTIZYMA Is indicated in all fevers, and works wonders in "La Grippe" and malarial conditions.

ANTIZYMA May be obtained in one grain tablets or powder form.

Samples and Literature, with formula, sent to Physicians upon application.

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Manufacturing Chemists,
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RESUSCITATION

for starved, emaciated tissues and exhausted physiologic functions begins with the use of

GRAY'S GLYCERINE TONIC COMP.

in malnutrition, anæmia, nervous exhaustion.

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filled with hay are placed on the veranda at the front door of the orphanage, and the mothers who bring the children deposit them in the baskets. There is always a Chinese watchman on the lookout for these waifs of humanity, and as soon as they are noticed they are taken in and attended to. Notwithstanding all the attention bestowed upon them, the mortality among the foundlings is very high, and if ninety out of a hundred live it is considered very good. Even after babyhood is past the foundlings require constant care and attention, and have to be treated with cod-liver-oil and maltine until they are five or six years old. And this, of course, means that had they been left to the tender care of their Chinese mothers not one of them would have lived. It is a well-known fact that the percentage of female Chinese children who die is enormous. Girl-babies are not a *desideratum* in a Chinese household; so that when too many come along they are got rid of. Parents who are not devoid of all natural feelings bring their children to the orphanage and leave them there. On several occasions babies only one day old have been left in the baskets; and it is no great wonder that such frail morsels of humanity succumb to the effects of such unnatural treatment. There are no fewer than 500 nurses in the institution. All kinds of curious precautions are taken to prevent the babies from getting mixed up, each child having a special collar fastened around its neck.—The Wide World, London, May, 1900.

Uric Acid and Headaches.

A physician who has been experimenting to discover, if possible, a relation between headaches and the retention of uric acid, found, experimentally, that he could produce headache in himself by adopting a diet of meat and cheese—foods which are highly nitrogenous, and which, in their burning up, produce a great deal of uric acid. He found in himself an excessive excretion of uric acid during a headache, which perhaps means that a headache is a sign of Nature's effort to relieve the system of a poison that would do worse than produce headaches were it permitted to remain. Such a headachy condition is comparable to the fevers which the human system often establishes for the purpose of ridding itself of disturbing impurities, and can best be overcome by the timely administration of laxative antikamnia and quinine tablets.

The Dosage of Orphol.

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Address.

ADDRESS TO THE GRADUATING NURSES OF THE MERCY HOSPITAL.[1]

BY G. W. PFROMM, PH.G., M.D.,

Assistant Professor of Therapeutics in the Medico-Chirurgical College of Philadelphia.

MR. PRESIDENT, GRADUATE NURSES, LADIES AND GENTLEMEN: I wish to thank the Board of Trustees of the Mercy Hospital for the honor they have conferred upon me in requesting me to address the First Graduating Class from their excellent training-school for nurses. It is, indeed, a pleasure to be with you on this interesting and important occasion, for during several years past I have been enabled to watch the growth and development of many women who have chosen the noble and self-sacrificing profession of sick-nursing.

Sir Walter Scott says: "Mankind, the race, would perish did they cease to aid each other. From the time that the mother binds the child's head till the moment that some kind assistant wipes the death-damp from the brow of the dying we cannot exist without help. All, therefore, that need aid have the right to ask it of their fellow-mortals. No one who has the power of granting can refuse it without guilt."

[1] Delivered to the graduating nurses at the Grand Opera House, Wilkes-Barre, June 14, 1900.

In aiding the sick a nurse gives her vitality, her individuality, her intelligence, and her sympathy, besides the tedious days and nights she has spent in acquiring the knowledge of how to help them properly. Therefore the public cannot feel too much gratitude to these young women who show the strength of their womanhood by going out into the world to lessen its misery.

It is useless at this time to discuss the truth that trained nurses should be recruited from a class of women representing all that is most refined, intelligent, and cultured. The function of the nurse is such that the best and most delicate qualities of womanhood are called in requisition.

Nursing is an ideal profession for woman. In it she finds, under favorable conditions, just the right scope for her peculiarly feminine qualities of sympathy, tact, and helpfulness. The beneficent influence in the sick-room and household wielded by a well-favored woman is incalculable.

It has taken but a comparatively short time to educate the intelligent classes up to the right idea that the care of their loved ones in sickness cannot be delegated to too skilled and intelligent hands.

The advancement of our knowledge of the causation of disease, as well as the progress in the prevention and cure of the same, finds no parallel in any other department of science. Following closely, and in fact conjointly, with this progress has been the development of another branch of scientific

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study—represented by the trained nurse—for the professional nurse is truly the product of the modern methods of combating disease.

On the continent of Europe the proper training of women in the care of the sick received its greatest impulse from that noble and unselfish woman, Florence Nightingale. The name of that gentle lady will ever be connected with hospital reformation in this world. In 1844 she visited the various hospitals of Europe, and while in Paris associated herself with the Sisters of Charity, but it was in the year 1855, during the Crimean War, on learning of the condition of the soldiers on the frontier, that she organized a body of nurses and went to the field hospitals in the far East. It was through her noble work that the epidemic of disease, which was decimating the ranks of the British army much more swiftly than bullets, was stayed, sanitary measures were adopted, and the health of the army greatly improved. The arrival of this devoted woman evoked order out of chaos, and her methods have remained a model to the present day. Her work roused the civilized world to enthusiasm. On her return to London, in recognition of her noble services, the citizens of that great metropolis presented her with a purse of $250,000. She refused, however, to accept this magnificent testimonial, and at her suggestion the amount was used as a nucleus for the erection and maintenance of "An Institution for the Protection and Sustenance of Nurses of London."

There was also Sister Dora, another Englishwoman, a vigorous, sunny character, well beloved in certain parts of England, and appreciated wherever the knowledge of her wonderful personality and heart-whole self-sacrifice penetrated. Her full name was Dorothy Wyndlow Pattison, but after she became attached to the Sisterhood of the Good Samaritans she was known principally as Sister Dora. She, indeed, seemed the embodiment of instinctive, strong, and clever womanhood, illustrating again the fact that woman is, at heart, a nurse, and in choosing that calling she selects one for which she is particularly fitted. Her soothing presence, her quiet step, her ready tact, and her exquisite feminine touch work wonders where perhaps medicine alone would fail.

"The mission of woman on earth! to give birth
To the Mercy of Heaven descending on earth.
The mission of woman: permitted to bruise
The head of the serpent and sweetly infuse
Through the sorrow and sin, of earth's registered curse—
The blessing which mitigates all. Born to nurse
And to soothe, and to solace, to help, and to heal
The sick world that leans on her."

The general interest which is now taken in the subject of nurses' training-schools will warrant the introduction at this point of some historical facts. In 1872 three chartered schools for the education of nurses were tabulated by the Bureau of Education. Of these three the first established was the Philadelphia Lying-in Charity. Tuition was by no means, however, an absolutely new departure by this useful organization. Some attention to the training of nurses for obstetrical work had been given by the institution since about the year 1830; that is, for a period of more than forty years. The second training-school for nurses was operated in connection with the Women's Hospital of Philadelphia. It dates its opening from 1861, although it had no settled course until 1872 and no regular hospital residence until 1876. The third school was that attached to the New England Hospital for Women and Children, situated at Boston. This school claims to date from 1863, although it did not establish a regular course until 1872. None of these schools gave any but special instruction. The first general hospitals to which regular training-schools for general nursing were attached were the Bellevue, of New York, and the Massachusetts General, of

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Boston. This occurred in 1873. Some years after this the Philadelphia Hospital founded a training-school for nurses. The last institution was placed under the management of two English nurses of the highest culture, refinement, and education. These ladies, through their zeal and labor in the wards, day after day, in training the pupils under their care, both at the bedside and by lectures, showed the advantages of a thorough training for nurses, and their example resulted in the establishment of a school for that purpose in almost every large hospital, the anniversary of one of the most important of which we celebrate to-night.

Of recent years we have, with great advantage, adopted an admirable English method, which extends the benefits of trained nursing to the poorer classes of the community. I allude to the system of district nursing. A corps of trained women devote their services to visiting among those whose means will not allow the engagement of a nurse's exclusive time and attention. These district nurses make their daily rounds of visits just as the physician does. They attend to the dressings and antiseptic management of surgical and gynæcological cases, they supervise the care of fever patients, they minister to the physical needs of babes and young children. In this manner the trained nurse is a boon to the poor as well as to those who are better provided with this world's goods. This is, without doubt, an exceedingly important and beneficent branch of their calling.

Never, perhaps, was the value and efficiency of the trained nurse more conspicuously and convincingly demonstrated than during and immediately after our short conflict with Spain. You will remember that most of our soldiers who had so readily and patriotically volunteered to serve their country in arms were never needed for actual warfare and never left our shores. They were congregated in several large camps in the South, conveniently located for the purposes of transportation. Epidemics of typhoid fever and other camp diseases soon arose, largely from uncontrollable causes. The heart of the nation went out to these suffering men. Arrangements were made whereby they might be transported to more northern climes, separated from contaminations of air, soil, and water, and be cared for in large general hospitals, which are provided with every modern appliance for the relief of affliction. On a hot summer's night during the month of August, 1898, a train whose interior fittings were those of a miniature hospital and which was equipped with a corps of physicians and professional nurses, who had eagerly offered their services, steamed out of one of the principal terminals of the city of Philadelphia in answer to a call from one of the Southern camps to bring to the city some soldiers who had become victims of epidemic typhoid fever. Most of the troops brought home by this train and others from the City of Brotherly Love were sons of Pennsylvania. The appearance of the white-capped nurses in the fever-stricken field hospitals was a revelation. Their very presence produced a profound impression upon the men, and seemed at once to do them good. The surgeon in charge went his rounds, anxiously selecting those who could probably bear transportation and be benefited by the change. Other poor fellows lay already at the point of death, and it was scarcely merciful to bring them upon the train only to die on the way home and occupy the place of men who had a reasonable fighting chance for life. It was touching to see the wan faces of the chosen light up with the smile of hope. It was sad to be compelled to reject a certain number as unfit for removal, and thus almost, as it were, to condemn them to death. But it is not given to any doctor to predict infallibly the fate of a patient. Some die who are expected to recover. Some get well who seemed doomed to perish. One instance illustrating this fact will never fade from my memory nor, I am sure, from the recollection of any by whom it was witnessed. There was one poor young fellow sick, as it seemed, unto death. His wasted

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form and features, the heavy flush of the fever upon his face, his glazed eyes, his nerveless attitude, his clouded mind—all appeared to indicate that not only his days, but also his very hours, were numbered. He was reluctantly passed by as too ill to be moved. But that young fellow, almost in the jaws of death, beheld a vision in the form of a trained nurse. Perhaps in his semiconsciousness he confused the young lady with a beloved sister who, in his distant home—perhaps among our beautiful Pennsylvania hills—was consumed with anxiety and suspense. At any rate, that nurse was the soldier's guardian angel. It was pathetic to hear the youth plead to be taken along with his comrades. At first his prayers were refused. The glow of excitement was followed by the chill of despair, and he relapsed immediately into the scarcely conscious state from which he had been wakened. The incident produced such a profound impression upon all present that denial was impossible. It was deemed advisable to give the man a chance. The ministration of a skilled nurse was his only chance of recovery. He was too utterly exhausted to ride in an ambulance to the train. He was carried on the shoulders of six comrades for three miles to the point where the cars were in waiting for their load of suffering humanity. He survived the journey to Philadelphia, he was received into a hospital, where he was treated with untiring care, he began to revive, and eventually, to the joy of all who knew his history, was restored to his health and his home. The man, under providence, owed his life to a good and kind nurse.

All through that late summer and early autumn of two years ago similar scenes were being enacted. I can speak, of course, with more knowledge of the work which the Medico-Chirurgical Hospital, with which I have the honor to be connected, was privileged to accomplish in behalf of the sick and wounded soldiers. We received nearly five hundred men, of whom about three-fourths suffered from typhoid fever in a severe form, accompanied by numerous and grave complications. These men were watched unremittingly day and night. Whenever the condition of a patient demanded it, he was attended constantly by a special nurse. The institution was entirely given up to the soldiers. So many nurses as well as physicians offered their services that we were enabled to surround each man with the most solicitous attention. We were rewarded for our labors by the recovery of most of the men. Our mortality was surprisingly small. That it was so small was due, in great measure, to the incessant vigilance of a band of heroic nurses.

The last scene of our drama occurred on a beautiful day in the autumn, when those who had been engaged in this labor of love, together with their friends, and many of the soldier boys, assembled in one of the theaters of our city for commemoration services. These were, as befitted the occasion, simple, but dignified, patriotic, and full of gratitude. Each nurse was presented with a testimonial commemorative of the patriotic work in which she had been engaged, and I am no prophet if that acknowledgment of her services be not one of her most cherished possessions and an heirloom in her family. These ladies regarded themselves as privileged—and so they were—in being able to render effectual assistance to their country's defenders. And I am sure that if these young ladies of the First Graduating Class of the Mercy Hospital of Wilkes-Barre, had then finished their years of pupilage they would have been equally as desirous of joining in the good work as those of whom I have just spoken.

This afternoon, through the kindness of Dr. Lenahan, I had the pleasure of visiting the Mercy Hospital, and, though but two years since its inception, I was surprised at its marvelous growth and size; the arrangement of its wards and room for performing operations, the immaculate white beds, the hygienic precautions, the well-equipped diet kitchens, the room for scientific examinations with the aid of the

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microscope, and the attention given to nursing the sick, more especially to those whose condition was of a serious character (a nurse and a sister being at the bedside of each) made me feel, and I express it here to-night, that I had visited one of the very best-managed institutions of my varied experience.

And now a word to the nurses of the graduating class: You are missionaries in the best sense of the word. The years of training you have had, the ceaseless vigilance you have been compelled to exert during the lonely midnight hours, and the self-denial and laborious application in the wards of your hospital which have culminated in your victory of to-night, have a meaning now and a force which can never be lost upon you.

Life lies before you like an open field. You, as a class, are about to separate. Your training under the guidance of your teachers ends to-night. You awake to-morrow to meet the various vicissitudes of life. You must not expect to gather earth's choicest gifts without painful toil and many grievous disappointments.

Prosperity, like a sweet mantle of peace, has been gently spread over all parts of our country. Never has there been such a call from the North, South, East, and West for qualified and trained nurses. Your *alma mater* sends you forth thoroughly equipped for the race, and remember that her ever-watchful eye will follow you. Let earnestness and integrity be your guiding stars.

"We live in deeds, not years; in thoughts, not breaths;
In feelings, not in figures on a dial.
We should count time by heart-throbs. He most lives
Who thinks most, feels the noblest, acts the best."

In the course of nature each of you will some time be the "kind assistant," of whom Sir Walter spoke, "wiping the death-damp from the brow of the dying." It will be your blessed part to "soothe the pathway to the grave." Yours will often be the last kindly face upon which the glazing eyes will fall, the pressure of your sympathetic hand the last evidence of human fellowship before "this mortal shall put on immortality." It is a solemn thought, when we pause to reflect, that at an appointed time, in our turn, each of us must meet the inevitable change.

In conclusion: my duty would fail of its just measure if I omit to acknowledge on your part, as well as of the Board of Trustees, the appreciation you owe to your friends, who have crowded this vast auditorium to-night and who are here to testify personally to their interest in your welfare. How much of success each one of you owes to an encouraging word when your heart failed or the bright smile when triumph was your lot will never be known.

But these witnesses which surround me and those emblems you have received to-night, which, no doubt, speak to you of purpose accomplished and labor rewarded, are a material guarantee of your worth and the warm regard of your friends and members of the Mercy Hospital.

Go, then, to your arduous duties, go to administer to the sick and afflicted, be their sympathizer, their guide, for the opportunities of a true Christian nurse are far greater than those in any other calling.

And now, let me bid good-night to your commencement exercises, and good-morning to a happy, bright, and prosperous future.

Dr. Samuel G. Gant.—Dr. Samuel G. Gant, recently elected Professor of Rectal and Anal Surgery in the Post-graduate Medical School and Hospital, has removed from Kansas City, Mo., to No. 58 West Fifty-sixth Street, New York City.

The Harlem Medical Association. — The following officers have been elected: President, Dr. Montrose R. Richard; vice-president, Dr. Joseph E. Lumbard; secretary, Dr. William H. Luckett; treasurer, Dr. William F. Farrell; trustees, Drs. Henry W. Mooney, David Franklin, and M. C. O'Brien.

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Clinical Lecture.

LUPUS VULGARIS AND LUPUS ERYTHEMATOSUS.

By John V. Shoemaker, M.D., LL.D.,
Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

Gentlemen: I have present this morning two interesting and instructive cases, and regard myself as fortunate in being able to place them side by side and study with you their similitudes and their differences.

Case I. Lupus Vulgaris.

The first case is one of which, from time to time, you see examples in this clinic. The patient is a woman 68 years of age. Her face has been marred by disease for the last year. Previous to that date her skin was without blemish. There are no lesions upon any other part of her body. The trouble began, according to her expression, in the form of a small "lump," but slightly salient, and of not very dense consistency. At the present time these original lesions have enlarged or broken down, and I perceive tubercles, superficial ulcers, and brownish crusts. The affected parts sometimes bleed. They are the seat of frequent tingling, but not of pain. At certain periods during its existence the malady has abated and the patient has hoped that complete recovery was about to take place, but she has always been disappointed by the occurrence of relapses or new invasions.

Here we have, gentlemen, a briefly sketched outline of a chronic and intractable affection. We have the history, and I demonstrate the presence of grouped tubercles, which are not very hard to the touch, which ulcerate and become incrusted, which may temporarily improve or even heal. Hence it is not among the essential inflammatory diseases of the integument that this case can be classed. It consists primarily in a deposit of new cells, constituting a tubercle or nodule; in other words, a new growth or tumor. Now, at this woman's age the tumor which we most naturally expect to find developing upon the face is epithelioma. I admit that, in some respects, this case does resemble one of epithelioma. The inveteracy of the disease, the dark-brown color of the crusts, and the bleeding, together with the age of the patient, are, indeed, suggestive of cancer. Nevertheless, the positive and distinctive characters of malignancy are absent. The epitheliomatous tumor is much more firm and dense than the nodules upon this woman's face. The epitheliomatous ulcer never exhibits the slightest tendency to repair; in this case there has been at times distinct improvement. Sharp and severe pain is one of the diagnostic traits of all forms of carcinoma; notwithstanding the ravages which the disease has committed upon this woman's face she has not been afflicted by pain.

Another serious malady which we must ever be on the alert to detect is syphilis. This affection also in its later eras may present us with tubercles and nodules, which break down into ulcers. Have we, then, before us now, let us ask ourselves, an ulcerated tuberculous syphilide? No, gentlemen; this is not syphilis. The other parts of the body are free from cicatrices, and, although the tubercles of syphilis bear a considerable and often a confusing likeness to those by which we are here confronted, yet the former, when compressed between thumb and finger, are considerably harder and firmer than those of the present case. They have not the stony density of cancer, but are intermediate between the lesions of that dread affection and those of the case which we are now trying to unravel. Again, the tubercles of syphilis spring into being more rapidly, they progress more swiftly than has been the case here, and they more speedily terminate in ulcers. When this result has been accomplished the ulcers, in syphilis, are decidedly unlike those upon which we now gaze; they are deeper, their edges are everted, the secretion is abundant, and the crusts are of a greenish hue.

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If, therefore, this woman's case be neither epithelioma nor syphilis, the only remaining affection with which its lesions and course correspond is lupus vulgaris. That affection is defined as "a new cell-growth of the skin and adjacent mucous membranes, appearing in the form of variously-sized and shaped, reddish or brownish spots, consisting of papules, tubercles, or infiltrations, which are removed by interstitial absorption or by ulceration and cicatrization." To this description our case corresponds point by point.

Our patient has told us that the first signs she noticed upon the skin were papules, and this is often the history. Prior to this eruption, however, colored spots—yellowish, brownish, or reddish—may be seen in the skin, and at first are not elevated; but, as time progresses and infiltration increases, they are converted into papules, tubercles, and nodules. In old cases of lupus vulgaris we may observe different stages of the same disease co-existing upon different parts of the affected surface. This appearance is characteristic, and of diagnostic value.

The face is the favorite site of the disease. It sometimes extends from the skin to an adjoining mucous membrane, and in rarer instances it begins upon and is confined to the mucous membrane. The ulcers are generally rather superficial, but in exceptional cases may extend deeply and penetrate to the cartilage or bone. Most cases arise during youth, but to this rule there are numerous exceptions. The case of the present patient is one, and I have in this arena exhibited a number of individuals in whom lupus vulgaris began during adult life or on the borders of old age. It attacks both sexes with equal impartiality, and is considerably less common in this country than upon the European continent. In lupus vulgaris the reticulated fibrous structure of the corium is infiltrated by small cells, the focus of disease being walled off from the healthy parts by a layer of condensed fibrous tissue. This arrangement constitutes the papule, or tubercle. If sections of this lesion are examined beneath the microscope, tubercle bacilli are found sparsely present.

Case II. Lupus Erythematosus.

The second patient is also a woman, 34 years of age, who presents a symmetrical lesion involving each side of the nose, and connected by a narrow strip of disease, which extends across the bridge of the organ. The outline, therefore, is aptly enough compared to that of a butterfly or bat with outspread wings. The disease has been in existence for eighteen months. Along the borders of the affected parts is a narrow and incomplete zone of pigmentation, the color being quite dark,—almost black, in fact. It looks like a greasy smear of soot. The central part of the patches is of a dark-red color. There are some very small, white scales upon the surface. The greasiness is due to an increased outpour of secretion from enlarged sebaceous glands. Neither pain nor itching has attended the affection.

Here we have another tardy and chronic process. It is evidently none of the ordinary cutaneous inflammations with which we have to deal and examples of which you have frequently seen in this clinic. It bears no resemblance to any form of chronic eczema. From lupus vulgaris it differs in the absence of papules, tubercles, nodules, or ulcers, and in the presence of patulous and dilated sebaceous ducts. Neither does it exhibit any likeness to the late skin lesions of syphilis. It is, indeed, an illustration of a rather rare affection, called lupus erythematosus: a new cell-growth of the skin. The process often originates in connection with the sebaceous glands, although it may begin in any of the component parts of the skin. The first manifestation is usually one or more light or dark red, slightly-elevated spots. As these enlarge, the centre is observed to be somewhat depressed, paler than the periphery, and covered by a thin scale. The scales are attached to dilated and patulous sebaceous ducts. The margins of the patches are rather hard to the touch. After the disease has been in existence for a long

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time the skin in the centre of the lesions becomes thin and atrophied. Lupus erythematosus usually attacks the face, and the butterfly form, as shown in the present case, is rather characteristic. It is not generally accompanied by subjective symptoms, though, as a rule, the patients are debilitated and of a scrofulous diathesis. Women are most frequently its victims and it is apt to develop later in life than is the rule with lupus vulgaris.

Treatment.

Lupus Vulgaris.—I will direct your attention first to the treatment of lupus vulgaris. Both constitutional and local measures are usually required. We should endeavor to place the patient under the best possible hygienic and dietetic regulations. Codliver-oil is often beneficial. Arsenic will, in some instances, answer an excellent purpose. Anæmic and neurasthenic patients improve under the use of iron, phosphorus, potassium chlorate, calcium chloride, mineral acids, or vegetable bitters. In the local management of lupus vulgaris many plans have been proposed and practiced with the view of destroying the diseased tissue. This has been removed by scraping, depleted by multiple scarifications, and burned away by the actual or galvanocautery. Numerous irritant, stimulant, or destructive chemicals have been applied in the form of ointment or paste.

The method which I usually employ, and which I shall adopt in this case, consists in the application of pure carbolic acid twice a week to the seat of disease. This agent produces a powerful impression upon the parts, while at the same time it acts as a local anæsthetic. In the intervals between these applications the following ointment shall be applied to the surface:—

℞ Hydrarg. ammoniat., gr. x.
Acidi carbolici, *m*x.
Pulv. camphoræ, gr. x.
Unguent. zinci oxidi benzoati, ℥j.
M. et ft. ungt.

Internally the woman shall take a teaspoonful of codliver-oil three times a day.

Lupus Erythematosus.—In the management of this affection we should be equally solicitous as in lupus vulgaris concerning the diet and mode of life of the patient. We should endeavor to correct obvious defects of nutrition by means of general constitutional tonics, such as those which have already been enumerated. The remedies indicated in the treatment of scrofula are especially beneficial. It is generally best to begin with the milder local agents, since these are less apt to produce cicatrices and disfigurement. A plaster of copper oleate and an ointment of zinc oleate have in several instances proved useful in my hands. At the same time I have depleted the parts two or three times a week with a fine needle-knife. Multiple puncturing or scarification has also been employed by some authors with good effect. After such operative measures the surface is covered by a mild ointment or lotion, as, for example, of zinc, bismuth, or lead. If, after persistent effort, these methods prove ineffective, I should make local application of pure carbolic acid, just as in lupus vulgaris.

These are the principles upon which the disease is to be treated. Individual remedies may be selected or combined according to the emergencies and severity of the case.

Original Communication.

CARBONATE-OF-LIME OR MARBLE RHEUMATISM.

By Ephraim Cutter, M.D.

In December, 1899, my attention was called to a banker, 64 years old, who, among other severe troubles which seemed enough to sink a common man, kept up, but was chiefly annoyed with an outgrowth on the left tendo Achillis near its insertion, that formed a blunt cone very much like the nipple of a small woman's breast. From

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time to time it got inflamed and discharged a chalky, gritty, fine sand, which his physicians called gouty: *i.e.*, urate of soda. Other growths somewhat similar in size and looks were upon his wrists, hands, and feet. One specially troubled him, which was located near the proximal end of the third phalanx of the right forefinger, because it interfered with holding his pen. The skin was thin, smooth, shiny, and transparent, and revealed, beneath, whitish globoid masses said to be the gouty deposit. A cut with lancet struck nothing harder than fibroid tissue. No urate of soda was found in the scrapings. I think that there were two or three like growths on the hands which did have the same deposit as the heel deposit. At times, he said, they would open, close, and then reopen, discharging the chalky, fine sand as described.

This case was most carefully studied as to clinical morphologies, which it is not necessary to go into here, save to add that the urine showed albumin, casts, fatty and cancerous epithelia—the latter being of the typical forms taught years ago. But the chalky excretion expected to show rhomboid crystals of urate of soda—as seen at a Philadelphia clinic in my pupilage, and studied under the microscope—proved to be in acicular crystals, single, double, and some aggregated into round balls, looking much like apples stuck all over with cloves, such as the ladies used to prepare to lie on their bureaus. In fact, the crystals were exactly like deposits from the Great Bear Spring Water in vessels long used to heat it, and which, examined by the eminent Dr. Mears, Professor of Chemistry at Williams College, Mass., were pronounced to be carbonate of lime, and which mineral acids dissolve with effervescence. The heel deposit was treated with dilute NO_5 and it immediately disappeared in bubbles of gas.

This gentleman had had severe attacks of rheumatism, but was free at the time of my examinations. Hence I was constrained to call his case one of *marble rheumatism*. I never saw one before. Carbonate of lime is normal in horse-urine, where I studied it in my pupilage with satisfaction. It is not uncommon in certain states of the system to find the carbonate of lime in human urine. There is no reason why it should not be found in man, for his body contains lime and carbonic acid enough to form it.

To me rheumatism is a gravel of the blood, and those gravels are commonly (1) oxalate of lime; (2) uric acid; (3) a triple phosphate of lime, soda, and magnesia; and (4) carbonate of lime. Besides there is (5) stellin, (6) stellurin, and (7) cystin. To read what is said about diseased uric acid in the blood one would think there were no other salts in the blood, but the morphology of the blood puts uric acid low down below the other salts. It is very rare to find uric-acid crystals in blood. And uric acid has to bear the sins of the others, which is not fair. For forty-seven years uric acid has been an old acquaintance to me in normal urine. If not there of itself, a few drops of muriatic acid put in sample—let it stand over night—and uric acid would always be there on hand! No matter if the subject was perfectly healthy, if such a possibility exists.

It pains me to hear uric acid so abused. Why don't they go for oxalate of lime, triple phosphate, cystin, stellin, and stellurin?

If people would only drink enough pure aërated distilled water, uric acid would make but little trouble by deposit. One thing I can say, after years of study of the morphology of the urine, that beef don't make uric acid as conventionally supposed. Indeed, on the contrary, beef and hot water will right along keep uric acid in solution in the urine after it is cooled. Uric acid also comes off, and is found in the fæces, morphology of the sputum, and skin. But the significance of this paper is that *carbonate of lime* should not make a scape-goat of uric-acid rheumatism.

NEW YORK, JUNE 16, 1900.

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Abstracts.

Alcoholic Hypertrophic Cirrhosis with Diabetes.

At a meeting of the Biological Society MM. Gilbert and P. Lereboullet reported two cases of hypertrophic cirrhosis due to alcoholism without ascites and with diabetes. In one the cirrhosis was actively treated and the sugar disappeared as the disease of the liver improved. The second patient refused treatment, and the cirrhosis proceeded to a fatal issue without complete disappearance, at any time, of the glycosuria. The percentage of urea was constantly very high. It seems proved that in these cases the diabetes depends upon the hepatic hypertrophy. The cells resemble those of Glenard, in which, although not so specified by the author, there appears to have been, in most instances, alcoholic hypertrophic cirrhosis without ascites. This enlargement of the liver, which here, as in cases of pigmentary cirrhosis, is accompanied by lesions of the liver, may also exist without lesions, the organ being simply hypertrophied (as in one case which the authors were able to verify anatomically) or even remaining of the normal size. The theory that the hypertrophy is the cause of a large number of cases of diabetes mellitus (especially the cases of acromegaly with diabetes and enlargement of the liver) does not exclude the influence of disorders of the nervous system or lesions of the pancreas, which act by inducing a functional hyperactivity of the hepatic cell. We must recognize, in addition to diabetes associated with shrinkage of the liver, glycosuria dependent upon enlargement of that organ, with or without lesions of the liver, the hepatic affection being caused and maintained by the influence of alcohol.

At the same meeting the same speakers, in connection with M. Castaigne, discussed the pathogeny of diabetes occurring in connection with hypertrophic pigmentary cirrhosis (bronzed diabetes). They look upon diabetes as the effect, and not the cause, of the pigmentary cirrhosis, and believe that it should be attributed to excessive functional activity of the hepatic cell due to enlargement of the liver. The proof of this opinion is the albuminuria, which is often considerable, the simultaneous development of albuminuria and glycosuria, and the absence of signs of hepatic insufficiency. Furthermore, in one of the two cases which they reported (which were chronic and comparatively benign examples of bronzed diabetes) they witnessed an aggravation of the glycosuria by hepatic opotherapy, while in a case of glycosuria accompanying contraction of the liver the same treatment caused the sugar to disappear. Finally, the absorption of glucose was followed, in cases of contracted liver, by a rapid and considerable elimination of sugar, but which ceased at the end of some hours. In one of their cases it produced slow and comparatively moderate elimination, which, however, was long continued. Hypertrophy of the liver, increased elimination of nitrogen, an augmentation of the glycogenic function and sometimes also of the biliary secretion, and at last increased production of pigment seemed to justify the assumption of hepatic hypertrophy as the immediate cause of the diabetes, which is therefore the direct consequence, and not the pigmentary cirrhosis.—La Tribune Médicale.

Hyperæsthesia Following Typhoid Fever.

At a meeting of the Medical Society of the Hospitals MM. Jacquet and Lacasse reported the case of a patient who, during convalescence from typhoid fever, presented a sensitivo-sensorial and neuro-muscular hyperæsthesia. They draw the following conclusions:—

1. Every acute irritation of any point whatsoever of the organism may more or less exalt the sensibility of that part.

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2. Anæsthesia sometimes succeeds this first effect.

3. The exaltation of sensibility takes, among other forms, that of an hyperæsthesia of the part occupied by the lesion and diminishing in proportion to its distance. Acute visceral lesions seem to produce the greatest effect.

4. The reaction is more active in those whose nervous systems are predisposed to derangement, but this is only an extension of the general biological law of Brown-Séquard.

This temporary exaltation of certain functions may coincide with the depression of other parts of the body.—La Tribune Médicale.

Chronic Hereditary Icterus with Splenomegaly.

At the German Congress of Internal Medicine Minkowski reported the case of a man who, from childhood, had been afflicted with chronic jaundice and considerable enlargement of the spleen. The patient attached no importance to the abnormal color of the skin, as it was so common in his family. Inquiry revealed the fact that both children of the patient had presented the same conditions since birth, and their urine was of a dark-brown color. The man's brother and four of his children had also chronic icterus, and among his ancestors there had been several similar cases. The condition seemed to be without influence on the general health. The mother of the patient had passed the age of 80. The country in which the family had always lived was free from malaria. Examination of the blood showed a certain degree of leucocytosis. In the urine urobilin was found, but no hæmatoporphyrin.

The patient having succumbed to pneumonia, an autopsy was performed. Upon macroscopical examination the liver exhibited nothing abnormal, and in particular no signs of cirrhosis. In the centre of the lobules was an accumulation, more or less dense, of ochre-colored pigment. The enlarged spleen showed no peculiar change. On the contrary, the cortical substance of the kidney was of a brown color. Treated by potassium the organ gave the reaction for iron. The pigment, accumulated in the convoluted tubules, was of albuminous nature, and contained a very large proportion of iron. This was proved by acting upon it with ammonium sulphydrate with heat. It is therefore a body analogous to ferratin. As the other organs contained no iron, the case could not be regarded as one of hæmosiderosis or ordinary hæmochromatosis.—La Tribune Médicale.

Keloid of the External Ear.

M. Sauvagnat witnessed in a woman of 41 years large keloids of both ears, springing from the concha. They began when she was three years of age, at the time when the lobules were pierced for ear-rings. The patient also had similar lesions upon other parts of the body.

In relation to this rather rare case Sauvagnat recalls the fact that this is not a very common situation for such growths. Most examples of the kind occur among negroes. They are usually caused by perforation of the lobule. According to some writers, the traumatism alone is not sufficient, and the irritating action of an impure metal is needed in addition.—Revue Hebdomadaire de Laryngologie, etc.

Abundant Discharge of Cerebro-spinal Fluid for Five Weeks Without Cerebral Symptoms.

Dr. A. Lucæ has described the case of a man, 27 years of age, whose mastoid process had been trephined on account of inflammation of the right middle ear. During the operation a subdural abscess was discovered. Suppuration having persisted, the man, six months later, consulted the writer, who found over the mastoid, which was not swollen and but slightly sensitive to pressure, a long cruciform cicatrix, parallel to

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the concha of the ear and extending far backward. The patient complained especially of periodical pain in the right ear. The suppuration was caseous and not very abundant, was a little fœtid, and at the bottom of the meatus auditorius were granulations, some of which were seated upon the postero-inferior wall of the canal and the others issued from the perforation. After a month's treatment of the granulations with no success and in the course of which caries of the postero-inferior wall was discovered by the probe, the radical operation was practiced on account of the persistence of the pain. After incising the scar, retracting the periosteum, and opening of the mastoid process the dura mater behind and above was found exposed by the destruction of the bony tissue, covered only by a sequestrum, after removal of which there was a discharge of cerebro-spinal fluid and blood. The former was in such abundance that, notwithstanding the use of tampons, it was necessary to suspend the operation. The flow persisted for five weeks, and during the first part of this time was so copious that the dressing had to be changed twice a day, and during the night the fluid passed through the dressing. It was remarkable that during all this time, with the exception of vomiting on the day of the operation and which was attributed to the chloroform, the patient at no time presented cerebral symptoms, neither vertigo, fever, nor any modification of the pulse. There was very free suppuration until the wound began to cicatrize, seven weeks after the operation. It then commenced to diminish, but did not entirely cease until after a prolonged treatment by means of injections and insufflations of boric acid, cauterizations of the granulations with chromic acid, ablation of the adenoid vegetations, and partial amputation of the hypertrophied left inferior turbinal. Thirteen weeks subsequent to the operation the patient had recovered with a dry perforation. From the beginning the troubles of hearing were slight. Five years after the treatment the patient reported that the cure remained permanent. — Revue Hebdomadaire de Laryngologie, etc.

Abnormal Migrations of Nasal Hæmorrhages.

MM. Cl. Bermond and A. Cade, of Lyons, report three cases in which the change of location of a nasal hæmorrhage could be plainly perceived. In the first case the blood, arrested by an anterior tampon, escaped in one direction toward the middle ear through the Eustachian tube, and in a second toward the surface of the eye through the nasal canal. In a second case the blood flowed through the Eustachian tube and auditory meatus. In the third case the blood, restrained by a complete tamponing, passed through the lacrymal passages and escaped upon the conjunctival surface, constituting a bleeding epiphora.

From these cases the reporters conclude that an epistaxis may, in exceptional instances, issue not only by the auditory passages, but also through the puncta lacrymalia. The necessary condition for an escape through the ear is an anterior perforation of the tympanum. The general factors in the production of these abnormal migrations are an abundant hæmorrhage and, most often, plugging of the nares. Sometimes, however, simple lateral decubitus may suffice to cause an intratympanic flow.— Revue Hebdomadaire de Laryngologie, etc.

Endopericarditis During Typhoid Fever.

At a meeting of the Society of Pædiatrics M. Guinon said that the rare occurrence of endocarditis during typhoid fever prompted him to report the case of a girl of 15 years, formerly chlorotic, but with no former affection of the heart. Cardiac symptoms appeared with the beginning of typhoid fever. Baths were badly borne, the pulse was small, and the heart-sounds were not vigorous. On the seventeenth day pericarditis became evident, on the twenty-seventh day a systolic murmur was perceived at the apex, extending to the axilla. This murmur persisted

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after the patient had recovered. The pericardial sounds, however, had disappeared.

M. Barbier stated that in a boy of 12 or 13 years he had observed a mitral endocarditis in the course of a typhoid fever which, in the beginning, had been abnormal and had simulated pyæmia with great variations of temperature, prostration, and early anæmia, and multiple subcutaneous abscesses containing staphylococci. He had asked himself whether the endocarditis had not been due to a microbe of secondary infection rather than to the bacillus of Eberth.—Le Bulletin Médical.

Necrosis of the Pancreas with Glycosuria.

At the Twenty-ninth Congress of the German Surgical Society Dr. Brentano described the case of a young girl who, after having presented symptoms of ulcer of the stomach, was brought into the service of Dr. Koerte with signs of a subdiaphragmatic abscess of the left side. The speaker opened the abscess, from which, at the end of six days, there issued a fragment of necrotic tissue exhibiting the form of the pancreas. This diagnosis was confirmed by histological examination. The patient left the hospital with a fistula from which pancreatic juice escaped. There was a glycosuria of 2.5 per cent. The fistula soon healed. There then formed in the cicatrix an abscess, which was incised. The patient recovered, although the diabetes remained. Brentano concluded that the case was one of perforation of a gastric ulcer, with secondary infection and gangrene of the pancreas. Experience has shown that such cases should not be operated upon in the beginning, but only after disappearance of the first violent symptoms and after the formation of an abscess. All the cases operated upon during the acute period died.—La Tribune Médicale.

Abscess of the Spleen in Typhoid Fever.

MM. Baylac and Constantin report the case of a patient suffering from a moderately severe attack of typhoid fever, the prognosis of which seemed favorable, when, about the sixteenth day of the disease, all the signs of peritonitis from perforation occurred. The peritonitis was produced by rupture of an abscess of the spleen. Contrary to expectation, this did not cause death, which supervened, nevertheless, eight days later in consequence of an extremely abundant intestinal hæmorrhage. The writers acknowledge that, if they had appreciated the significance of the spontaneous pain in the left hypogastrium and that produced by percussion in the same region, they might, during life, have suspected the presence of abscess of the spleen. It must be admitted that the error of diagnosis is very readily explained. It has generally occurred in the few cases hitherto published. This case is of interest from the bacteriological point of view, as the bacillus of Eberth was discovered in the splenic abscess.—Le Bulletin Médical.

Therapeutic Notes.

Painful Menstruation.

℞ Codeinæ, gr. $^3/_4$.
Chloralis, gr. xv.
Ammon. bromidi, gr. xv.
Aquæ camphoræ, ℥j.

M. Sig.: To be taken while lying down.—Journal of the American Medical Association.

Peroxide of Hydrogen as a Local Anæsthetic.

Dr. H. E. Kendall, of Sydney, Nova Scotia, writes as follows to the Medical Record:—

"I have not seen anywhere peroxide of hydrogen spoken of as a local anæsthetic, and, as it has proved very satisfactory in my hands I venture to mention it in your paper. Injected under the epidermis it produces immediate and complete anæsthesia of the whole skin. I have used it for over a year,

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in opening abscesses, cutting off redundant tissue in in-growing toe-nails, opening the pleural cavity, and in one case the abdominal cavity. I do not think any absorption takes place, as the intercellular inflation from the gas generated seems to produce such pressure that the skin cuts like frozen tissue."

Ammonia Hydrochloride.

Dr. E. E. Truitt, of Maquon, Ill., says, in Practical Medicine:—

"Muriate of ammonia is an emmenagogue of considerable certainty, especially in suppression from the effects of cold. Ten or 20 grains every three hours in syrup or water are quite sufficient.

"In hepatic disorders muriate of ammonia combined with fluid extract of taraxacum is an efficient remedy:—

"℞ Mur. am., ℥j.
Fl. ext. taraxaci, ℥iij.
Syr. sim., ℥j.
Spt. frumenti, ℥j.

"M. Sig.: One or two teaspoonfuls in water four times a day.

"But the best and most certain results with chloride of ammonium are in coughs from bronchial and laryngeal irritations. A pinch will almost instantly stop such a cough. As a diuretic, this agent has some action."

Hæmorrhoids.

A formula, which has been found very useful, is as follows:—

℞ Fluid ext. hamamelis, ℥j.
Fluid ext. hydrastis,
Compound tinct. benzoin, of each, ℥ss.
Tinct. belladonna, ℥j.
Linseed- or olive- oil, carbol. (5 per cent.) q. s. ad ℥iij.

M. Sig.: Apply often to the parts.

Hot or cold applications are often of service. Charles B. Ball considers the local application of a mixture of the extract of belladonna and glycerin, smeared over the anus, and followed by a warm stupe, the best palliative treatment for external hæmorrhoids. In addition, the bowels should be freely moved, and a light, easily-digested diet, with rest in bed, prescribed.—Journal of the American Medical Association.

The Treatment of Hiccough.

Noir reviews the various methods of treating obstinate hiccough. He alludes to galvanization of the phrenic nerve, to the application of a faradic current to the epigastrium (Erb's method), to compression of the left phrenic nerve (Leloir's method), to the forcible elevation of the hyoid bone by the fingers (Nothnagel's method), and finally to vigorous traction of the tongue (Laborde's method). He prefers the latter on account of its simplicity and efficiency. It has given excellent results in his hands. In a nervous girl, aged 6 years, who was completely exhausted by hiccough of over six hours' duration, traction of the tongue for a minute gave immediate and permanent relief. In a second case, a patient with advanced diabetes complicated with tuberculosis, hiccough, which had already lasted several days and which had resisted all other remedial measures, promptly yielded to Laborde's treatment continued for about two minutes. —Medical Review of Reviews.

Calcium Chloride in Lobar Pneumonia.

Beni Madhav Bose, L.C.M.S, says that calcium chloride has been used in the Presidency General Hospital, Calcutta, for the past ten years, and is said to have "done yeoman service as an antipyretic and antiphlogistic in the treatment of lobar pneumonia, of the sthenic type particularly." It is given in 10-grain doses in syrup and water, and is said to quickly reduce the inflammatory process and to bring down the temperature.—Medical Times and Hospital Gazette.

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A Note on Gout.

James Edmunds says he has discarded sodium salicylate for the potassium salicylate, "cardiac depression" not being observed. As long as the urine becomes turbid on cooling from deposition of urates he uses potassium bitartrate. As an aperient he gives:—

℞ Pulv. guaiaci,
Potass. bitart.,
Sulphur. præcip., of each, ʒj.
Pulv. trag. co., ʒij.

M. Sig.: A teaspoonful at bed-time in a wineglassful of gruel.—British Medical Journal.

Nocturnal Asthma.

Dr. W. R. D. Blackwood, of Philadelphia, writes to the Medical Summary that he has found the following very useful in his practice:—

℞ Codeine sulph., gr. iij.
Fld. ext. grindelia, ʒiij.
Syr. prunus serotina, ʒiij.

M. Sig.: A teaspoonful four times a day, and during the night if awake more than one hour at a time.

Nocturnal Emissions of Semen (not Prostatic Mucus).

℞ Fld. ext. lupulin., ʒij.
Acid. hydrocyanic. dil., *mc.*
Syr. lactucarium, q. s. ad ʒiv.

M. Sig.: A teaspoonful at tea-time and at bed-time.—Dr. W. R. D. Blackwood, of Philadelphia, in the Medical Summary.

Bichloride Baths in Variola.

Ingalls (Journal of the American Medical Association) reports thirty-six cases of variola, of which one was hæmorrhagic and thirteen confluent, treated by the bichloride baths, without mortality. The treatment was given as follows: A six-foot bath-tub was placed beside the patient's cot and filled with a fairly warm—103°-105°—solution of bichloride, 1 to 10,000, and the patient placed therein, head and shoulders above the solution; the nurse then went over the entire body, using a soft cloth, being careful of force applied so as not to cause much pain. After remaining in the bath about ten or twelve minutes, the patient was removed, thoroughly dried, dressed in freshly laundried clothing, and placed in a clean bed.

These baths were given night and morning. After removal from the bath the patient expressed much relief, but shortly after, owing to the drying effect, complained of a burning sensation "just beneath the skin." He found that all were likewise affected, so, to obviate this, began a routine practice of anointing patients immediately after the bath with a mixture of carbolic acid, bismuth subnitrate, and olive-oil, with a very happy result.

He makes the following deductions concerning the method: There is practically no mortality. The suppurative fever can be shortened four to six days if patient is treated from the onset; a minimum of pitting is secured and an almost entire absence of the characteristic, disagreeable odor; the period of desquamation is materially lessened, owing to the thinness of the scab-formation; pain is much reduced, morphine being rarely indicated; the great distortion of features, which gives us such repulsive looking patients, is eliminated to a great extent.—Medical Standard.

Castor-oil in Neuralgia.

Castor-oil in the treatment of neuralgia was the subject of a paper read by Dr. Harold N. Moyer at a recent meeting of the Chicago Academy of Medicine. He referred to the results of Dr. A. J. Ochsner, of Rush Medical College, with thirteen consecutive cases treated with this remedy, all of them being relieved or greatly improved. The author had treated fifteen cases by this method in two years, and asserts that it has

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given him better results than any other he had ever tried.

Concerning the method of administration, he says that he gives it before breakfast, the dose being 1 to 2 ounces. As a rule, patients have little difficulty in taking the larger amount, though in some cases it was difficult to keep this amount on the stomach. At first patients were left largely to their own devices as to the methods of taking the oil, but later care was taken in directing the preparation, with a corresponding improvement with the ease with which it was taken and with the persistence with which they held to the treatment. Castor-oil, if kept for some time, and as it is ordinarily found, is quite offensive to people, but it is very much improved by a thorough washing and the addition of a few drops of the essence of anise to each pint of oil. The most efficient means of administration is in ale—preferably dogshead, or Bass's ale, which contains a large quantity of gas, and which should be poured from the bottle in such a way that the glass contains a large quantity of foam. The oil is poured into the ale, stirred a few times with a spoon, and then may be drunk without tasting the oil. The mixture with the ale forms an emulsion, and there is much less liability of the oil's disturbing the stomach. When first administered, the oil acts freely on the bowels, but if it is continued daily, its cathartic effect rapidly diminishes, and it is not infrequent for patients to state that they have but a single movement of the bowels after the third or fourth dose.—Merck's Archives.

The Digestive Value of the Enzyme Diastase.

In the American Gynæcologist and Obstetrical Journal, Dr. Edwin Rosenthal, of Philadelphia, states the results of the use of the maltzyme preparations in about thirty cases. They are fluid, free from disagreeable odor and taste, and are perfectly miscible with fluids. The cases in which the preparations were employed included pulmonary tuberculosis, myalgia following typhoid fever, chronic gastro-intestinal catarrh, etc. The writer concludes that maltzyme is a powerful diastasic nutrient. It is acceptable to the stomach and causes a rapid increase in the patient's ability to take and digest food, and an increase in flesh and strength. It seems to possess peculiar properties in maintaining nutrition in those patients suffering from serious organic and constitutional diseases, such as tuberculosis.

Chronic Dyspepsia Successfully Treated with H_2O_2.

In the New England Medical Monthly Dr. George A. Gilbert, of Danbury, Conn., describes the case of an Hungarian farm-laborer, 40 years of age.

"Six years previously, on his voyage to this country, he suffered from an attack of acute gastritis, attended with retchings of the most violent character. Soon after landing he recovered sufficiently to attend to his work; but he says he has 'never been the same man since.'

"On examination it was found that he was slightly feverish, pulse rapid, tongue flabby and heavily coated, while the teeth and entire cavity of the mouth were covered with a foul-smelling sticky mucus. That the stomach received, in the process of starch-digestion, little or no assistance from the salivary glands of the mouth was plainly apparent. The patient was furnished with a flask of ozonized water, made of 1 part hydrozone to 4 parts water, and directed to wash out his mouth every night and morning, thoroughly cleansing the tongue, teeth, and gums of the unhealthy mucus and any pathogenic germs it might contain. To destroy the microbic elements of fermentation in the stomach and dissolve the tenacious mucus there, a mixture of 1 ounce of hydrozone with 2 quarts of sterilized water was made, and half a tumblerful directed to be

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taken half an hour before meals. Having thus procured a clean surface in the stomach, the patient was advised to take immediately after meals 1 drachm of glycozone, diluted in a wineglassful of water, for the purpose of enhancing cellular action and stimulating healthy granulations. Of course, he was ordered to select his food with care and eat regularly.

"The result of this simple procedure was magical. Although for the first two or three days there was some discomfort after eating, this soon disappeared, and at the end of a fortnight the patient reported that for the first time in six years he was enabled to eat his meals without dread of subsequent distress and eructations of gas. (In the opinion of the writer the fermentation was thus quickly subdued by the active oxidation resulting from the liberation of nascent oxygen.) The treatment was continued in this manner for another month and then gradually abandoned."

Pain and Tenesmus of Dysenteric Diarrhœa.

Taylor and Wells recommend the following analgesic suppositories:—

℞ Cocaine hydrochlorate, gr. j.
Aq. ext. of ergot, gr. xij.
Aristol, gr. v.
Cocoa-butter, to make twelve suppositories.

Sig.: One to be applied every hour or longer.—Canadian Practitioner and Review.

Duotal.

Duotal has all the advantages of creasote, without its deleterious effects.

Duotal von Heyden is 90.5 per cent. of pure guaiacol chemically combined with carbonic acid. It is a white, crystalline, odorless, and tasteless powder, insoluble in both hot and cold water, and it can be taken without causing any difficulties whatsoever.

For experimental purposes it was administered to a series of patients at the "Heilanstalt Alland." They were chiefly those in whom there was no improvement in weight, in spite of treatment, in consequence of the anorexia.

The mode of administration was the following: During the first four or five days a single dose of 0.5 gramme (7 1/2 grains), in a wafer, was given once daily after dinner. Then the dose was doubled. A few days later 1.5 gramme (22 1/2 grains) were given daily, divided into three doses. Finally the daily amount was slowly increased up to 4 or 5 grammes (60 to 75 grains), and at this point it was maintained for a considerable period of time.

Thirty-two persons altogether took the drug for two months each, two of them being ambulant patients.

In five of these cases the duotal treatment was stopped after three weeks, because the patients' appetites got worse. In all the other cases there was a marked improvement in the appetite. Twice a good result was obtained when obstinate constipation was present. After four weeks' administration of the duotal in the above doses the movements of the bowels became regular.

In consequence of its stimulating effect upon the appetite duotal is to be highly recommended for hospital and private practice; and even in the special institutions for the treatment of tubercular disease it is a very valuable aid to the general dietetic and hygienic treatment.—Extract from paper in the Wiener klinische Wochenschrift by Dr. Julius Pollak, entitled "Medicaments in Phthisiotherapy."

Mistura Alterans Compositus.

Each teaspoonful contains:—

℞ Tr. of prickly ash, *m*x.
Ext. lappa minor fl., *m*xv.
Ext. phytolacca fl., *m*xv.
Ext. stillingia fl., *m*xv.
Ext. sarsap. comp. fl., to measure f3j.

Dose: Teaspoonful.—From the Philadelphia Hospital Formulary.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
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THE AMERICAN MEDICAL ASSOCIATION.

ANOTHER year has rolled its course, and the fifty-first meeting of the American Medical Association is already a thing of the past. The city by the sea in which its sessions were held was in itself a great attraction for many visitors. Atlantic City, with its ample hotel accommodations and the grand spectacle of the rolling sea ever present, together with its salubrious saline breezes, and not forgetting to mention the admirable arrangements of the local committee, furnished a meeting which will be long remembered. Early June is a pleasant time in which to visit the sea-side. The air is balmy, but not sultry. There is an active stir of human life, but not the dense crowds which mark the height of the midsummer season.

The address of the president, Professor W. W. Keen, was, like all the public utterances of this distinguished surgeon, replete with thought and suggestions. He called attention to the fact that, although the membership of the association is large, yet it is much less than it should be in proportion to the number of medical men in the United States who are or should be eligible to election. He referred to the resignation of Dr. Albert C. Gihon from the Rush Monument Committee and his appointment of Dr. James C. Wilson in succession, who, like Rush, is a physician rather than a surgeon and who also represents Rush's native city. It is earnestly to be hoped that the committee will be able to inspire new enthusiasm and life into this movement in honor of an historical character and one of the greatest physicians whom this country has ever produced. As Dr. Keen pertinently remarked, the sum now in the hands of the committee is too large to allow them to go backward, but not large enough to permit them to go forward.

The president spoke at some length of the efforts which had been made, with at least measurable success, to antagonize the proposed Antivivisection Bill, which was to be brought before the United States Senate. The passage of such a bill would doubtless prove a clog on the wheels of progress, and its provisions have excited the proper opposition of most of the members of our profession. He made reference to some of the arguments by which the fallacies of the antivivisectionists are refuted. The point was made that those who prevent extension of scientific knowledge by means of experiments are really the people who exhibit inhumanity.

The president made an important suggestion that a section for the study of pathology and bacteriology should be established. For this purpose he appointed a provisional and unofficial committee to sit under the chairmanship of Dr. Ludwig Hektoen, of Chicago. In this connection we may anticipate by stating that such a section was duly constituted according to the suggestion of the president of the association. For the promotion of the annual exhibit, which is an interesting and important part of the meeting, Dr. Keen urged the establishment of a permanent committee, or, at least, that one member of the previous year's committee should be retained in order to give increased stability and uniformity to the work.

In the remaining part of his address Dr. Keen presented forcible reasons and arguments in favor of the endowment of medical schools. President Eliot, of Harvard, has said that "there is no branch of education which more needs endowment. Medical education is very expensive, because it has

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become, in the main, individual instruction." No men are more thoroughly convinced of the truth of these views than physicians men who have the progress of their profession near their hearts.

Dr. Keen, however, ranks himself among those who believe that the didactic lecture still has an important position in the scheme of medical instruction, and quotes the words of President Faunce, of Brown University, that "never shall we be able to do without the personality of the teacher, flaming with enthusiasm for knowledge, pressing up the heights himself, and helping the student on." He might have added that it is not possible at any medical school to exhibit clinical examples of all diseases of which the student and physician must have knowledge.

The speaker alluded to the great work which the laboratory had performed during the past few years for the benefit of humanity. The material causes of many infectious diseases have been discovered. We have learned from this source how to avoid certain severe diseases and have reduced the death-rate after operation. It would, in time, enable us to conquer other implacable enemies of the human race.

As closely related to the foregoing train of reflections Dr. Keen hopes that the association may before long be able each year to give scientific grants in aid of research.

An interesting feature of the secretary's report was that the Honolulu Medical Society had applied for membership in the association.

The address on surgery was delivered by Dr. W. L. Rodman, of Philadelphia. The speaker chose for his theme "Gastric Hæmorrhage." He discussed in masterly style the advantages which might be derived from surgical procedures in certain cases of ulcer of the stomach and even of carcinoma.

If in the former affection a second hæmorrhage took place, he would favor the idea of intervention, since a further loss of blood was almost sure to follow, and the chances of an operation will necessarily be better before the patient has been exhausted by repeated hæmorrhages. The results of operation in carefully-selected cases had been encouraging, and the good showing will be still better when physicians generally recognize that, if delayed operations were justifiable, early ones were better, and should therefore be encouraged. In gastric carcinoma, although the speaker would not advocate intervention on account of hæmorrhage *per se*, yet he thought that in some cases the loss of blood might be so frequent or so repeated as to justify an operation.

The oration on State medicine was given by Dr. Victor C. Vaughan, of Ann Arbor. Dr. Vaughan spoke in some detail of "Typhoid Fever among American Soldiers." The name of this section was subsequently changed to the Section of Hygiene and Sanitary Science. In accordance with the suggestion made by the president in his address, a permanent committee on exhibits was established, consisting of five members, who will each year elect a chairman residing at the place selected for the next annual meeting of the association. The Senn Medal was awarded to Dr. F. Gregory Connell, of Chicago, for the essay entitled "Exstrophy of the Bladder." A great number of excellent papers were read and discussed in the different sections of the association. It was decided that the next meeting should be held at St. Paul, Minn., on June 4 to 7, 1901. The following officers were elected:—

President, Charles A. L. Reed, Ohio. First vice-president, A. W. Calhoun, Georgia. Second vice-president, Colonel Woodhull, U. S. A. Third vice-president, Philip Marvel, New Jersey. Fourth vice-president, William E. Quine, Illinois. Secretary, George H. Simmons, Illinois. Assistant secretary, William Davis, Minnesota. Treasurer, Henry P. Newman, Illinois. Librarian, George Webster, Illinois. Chairman Committee of Arrangements, John F. Fulton, St. Paul.

Board of Trustees: Alonzo Garcelon, Lewiston, Me. (Pres.); T. J. Happell, Trenton, Tenn ; I. N. Love, St. Louis; E. E.

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Montgomery, Philadelphia; H. L. E. Johnson, Washington, D. C.; Joseph M. Mathews, Louisville, Ky.; Miles F. Porter, Ft. Wayne, Ind.; E. Fletcher Ingals, Chicago; W. L. Rodman, Philadelphia.

Oration on medicine, N. S. Davis, Jr., Chicago. Oration on surgery, John A. Wyeth, New York City. Oration on State medicine, George M. Kober, Washington, D. C.

ACTINOMYCOSIS IN MAN.

THE identity of many of the commoner diseases in man and beast has long been recognized. It follows that such as are of an infectious character may be transmitted from animals to human kind. Many epidemics have been demonstrated as originating in this manner. The study of comparative pathology and, above all, of bacteriology has largely added to our knowledge of this class of affections.

Among diseases which we contract from animals is that singular affection known as "lumpy jaw," or actinomycosis, and which depends upon the activity of the ray-fungus. Upon this subject we find in a recent number of an esteemed exchange a review which, as far as France is concerned, brings the literature up to date. In all essential particulars the data will apply equally well to this or any other country.[1] This report is written by MM. Antonin Poncet and Léon Berard, who had published, two years ago, a treatise upon the topic. This volume included reference to all the cases which had been published in France to the end of 1897.

In the present paper the writers call attention to important studies which have recently been made of the disease. Wolf and Israel had pursued a course of investigations relative to the biology of the parasite, the conditions under which it is inoculable, and the anatomical and pathological characters of the lesions which it produces. Similar researches have been carried on by Alissow and Skwozow, as well as Harbitz. Others have undertaken the task of distinguishing true actinomycosis from affections by which it is simulated. Grave forms and rare localizations of the disease have likewise been studied.

Helferich, Isemer, Geissler, and Ewald have reported cases of abdominal actinomycosis, generally originating in the cæcum. Litten observed the disease in the liver, J. Israel in the kidneys. Ploennigs, Hueter, Karewski, and Butler have witnessed it in the lungs; Quervain in the meninges of the brain; Lieblein in the vulva and labium majus; Gold and Vermel have related the case of a patient who suffered from pyopneumothorax consecutive to the development of an hydatid cyst and pleuro-pulmonary actinomycosis. As regards cases involving only the neck and face, they are now, say our authors, so common that in many European countries it is not considered that they need special report.

Our writers point out that in examining a case it is not enough to limit one's self to a mere search for the yellow bodies, for these in certain cases and conditions may be absent and yet the mycelium may exist. Nor should the recognition of the disease be solely an affair of the laboratory. Its general characters may be identified clinically, —the hybrid aspect, at once inflammatory and neoplastic; the slow evolution of the lesions; their capricious course, with the cicatrization of old fistulas in the immediate vicinity of recent foci or in route of extension. On the face and neck particularly the diffuse pasty swelling, generally very painful, with trismus and invasion of the superficial muscular planes and the absence of glandular enlargement, are conspicuously characteristic features. When such lesions are present, the disease is probably actinomycosis, even if the parasite cannot be found. The microscopical examinations should be renewed.

Out of a number of new cases collected by the writers and many of which have not as

[1] "De l'actinomycose humaine pendant ces deux dernieres années, 1899, 1900." Le Bulletin Médical, 28 mars, 1900, p. 298.

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yet been fully reported, one-third terminated in death. Of those who recovered, only one was treated by medical means exclusively, viz.: potassium iodide. In all others some form of surgical procedure was conjoined.

Potassium iodide should always be employed, but its efficacy should never be guaranteed. Its effects, in fact, have been very variable. The same may be said of the essence of eucalyptus, which was given with success by Butler in a case of actinomycosis of the respiratory passages.

Correspondence.

"THE NEW METHOD OF INDUCING SLEEP WITHOUT DRUGS."

ONE HUNDRED DOLLAR PRIZE.[1]

Editor of the Medical Bulletin:

"The New Method of Inducing Sleep Without Drugs" consists in bringing under will-power the functions of organic life immediately on retiring. The organs of respiration and circulation respond to our bidding. Certain other groups of muscles, by contraction and relaxation, are made accessory in directing the arterial and vital currents away from the gray matter of the brain. As a result, automatic thinking, which is the immediate cause of sleep's delay in the case of the average brain-working businessman, is absolutely shut out, and normal sleep is inevitable.

Believing that the medical profession has power to turn the attention of suffering humanity from the mysterious, chimerical, and damaging drug agents they now depend upon, and that it is our duty to shed light rather than darkness, I offer a prize of $100.00 for an essay which shall describe any method of extemporizing sleep immediately on retiring for the brain-working classes that will equal or surpass "The New Method" above referred to.

The principle employed is that of withholding power. The belts turned off, automatic thinking ceases. An equilibrium of circulation is established, and the normal conditions that precede and invite sleep prevail.

To give the technique in full would require more space than can be allotted here. Suffice it, that mental and physical conditions, positions, and changes, extemporized and controlled by will-power in the horizontal position, with suitable temperature and ventilation of body-surface as well as lungs, is the sheet-anchor of "The New Method."

Time allotted for preparing essays, from June to December of the present year. Length of essay not to exceed five thousand words; to be in print or typewritten, without the name of the writer. Judges of the merits of essays shall be representative men of scientific medicine. Time for awarding prize, January 1, 1901. Results will be announced in this journal.

J. B. LEARNED.

Northampton, Mass.

[1] Enquiries for more extended detail will be responded to in bulk, if pertinent to the case, from this column in future issue.

Medical News and Miscellany.

Mutual Aid Association of the Philadelphia County Medical Society. — The "Mutual Aid" was organized for "the relief of the families of such members as may require the fostering care of the society" and "of members whose slender professional incomes have been arrested for months in consequence of long-continued illness." This object should certainly commend itself very strongly to the members of the Philadelphia County Medical Society. The "Aid" has accumulated the sum of about $25,000, but this amount is totally inadequate to meet the demands. The association desires to assist the widows of physicians to maintain and educate their children. The funds are entirely devoted to this purpose. No part

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of its income is expended on salaries or room-rent. The association calls the attention of the members of the County Society to this work, and solicits their cordial assistance and co-operation in its meritorious designs.

Dr. R. B. Granger.—Dr. Granger, who was for a number of years in charge of D. Appleton & Co.'s medical publications, announces to his medical friends and acquaintances that he has connected himself with the American Plasmon Syndicate, Limited, of New York. Plasmon is described as a pure milk-albumin, an admirable food for children and invalids.

Social Entertainments. — In connection with recent medical gatherings a number of exceedingly pleasant entertainments were given.

On the afternoon of June 1st a reception was given by Dr. D. Braden Kyle at the Art Club of Philadelphia in honor of the Fellows of the American Laryngological, Rhinological, and Otological Society.

On the evening of June 2d, at the Shelburne in Atlantic City, Dr. G. Hudson Makuen entertained the Fellows of the American Academy of Medicine.

On the evening of June 9th Dr. J. M. Anders gave a dinner in the Union League House of this city in honor of Drs. Garcelon, Bodine, Jacobi, Simmonds, Billings, and the president-elect of the American Medical Association.

Close of the Term at the Medico-Chirurgical College.—The closing of the term of 1899-1900 was marked by the usual meetings and exercises. The Alumni Association held its annual business meeting at noon on Friday, May 18th, for the purpose of transacting current business and receiving into its ranks the graduates of this year. In the evening of the same day at 8 o'clock the faculty, alumni, graduating class, and friends of the institution assembled in the large and beautiful amphitheatre of the hospital. The exercises consisted of a number of well-rendered musical selections and the annual oration. The orator on this occasion was the Hon. Thomas J. Stewart, Adjutant-General of Pennsylvania, who, in his genial and happy vein, discoursed of matters of interest to the graduates and all connected with the college and hospital. A special feature of the evening was the presentation of a handsome flag to the college by Mrs. Arthur Dare, the presentation speech being made by General Stewart. This emblem of the institution was a beautiful piece of work, and was universally admired.

After the benediction by Rev. Elwood Worcester the faculty, alumni, and guests adjourned to the Stratford Hotel, where they sat down to a sumptuous banquet.

The scheduled toasts of the evening were but five in number, as follows: "Our Guest," by Hon. Thomas J. Stewart; "The Alumni," by Henry Fisher, M.D.; "The Faculty," by W. Frank Haehnlen, M.D.; "The Clergy," by Rev. Elwood Worcester, Ph.D., D.D.; and "The Press." The last toast was to have been answered by Mr. Edward V. Kane, but in the unavoidable absence of that gentleman his place was very ably filled by Dr. John McKenna. The replies to all the toasts were exceedingly felicitous, and all present entered so cordially into the spirit of the occasion that many were called upon and replied to supplementary sentiments.

The committees in charge of the entertainment and festivities of the evening were composed of:—

Ernest Laplace, M.D.; John V. Shoemaker, M.D.; G. W. Pfromm, M.D., chairman.

William Easterly Ashton, M.D.; Philip R. Cleaver, M.D.; John Welsh Croskey, M.D., chairman.

The Commencement. — The Commencement Exercises took place on the following day, Saturday, May 19th, at noon in the Academy of Music. A large and brilliant audience was present in honor of the event.

The program was as follows:—

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PART I.

Overture, "Festival".....*Leutner.*
Germania Orchestra; conductor, William Stoll, Jr.
Selection, "The Singing Girl"....*Herbert.*
Waltz, "In Dreamland".....*De Koven.*

PART II.

March, "On Duty".....*Rosey.*

PRAYER,

REV. ELWOOD WORCESTER, PH.D., D.D.

Intermezzo, "Hearts and Flowers"..*Tobani.*

CONFERRING OF DEGREES,

PROF. JOHN V. SHOEMAKER, M.D., LL.D.

Scene de Ballet, "Naila".....*Delibes.*

THE DOCTORATE ORATION,

GEORGE EDWARD REED, LL.D.,
President of Dickinson College.

Selection, "The Ameer".....*Herbert.*

AWARD OF PRIZES.

Waltz, "April Smiles".....*Depret.*

BENEDICTION.

National Airs.

"The Doctorate Oration," by President Reed, was much admired. It illustrated in every sentence the cultured scholar. It was replete with sound reflections and excellent advice.

Following is the list of graduates:—

GRADUATES IN MEDICINE.

Frank McGinley Alexander, Montana. William Alfred Backenstoe, Pennsylvania. Aloah H. Barnes, Massachusetts. Juan José Borge, Nicaragua. Luther Pascal Bowers, Pennsylvania. Nelson M. Brinkerhoff, Pennsylvania. Henri Alexander Brown, Canada. Claude Lafayette Bartholomew, Pennsylvania. George Frank Campbell, New Jersey. William Riegel Carpenter, Pennsylvania. Alfred Granville Chadborn, Minnesota. Floyd Sweetland Clake, Iowa. William Burton Collier, New York. Albert Powell Donoho, Delaware. Lewis Edwards Davies, Pennsylvania. Hansford Lee Farris, Kentucky. Clarence Mulford Harris, Pennsylvania. Wilfred Wetherill Hawke, New York. Adolph Hofkin, Pennsylvania. Adam Rankin Johnson, Kentucky. William Leonard Karcher, Illinois. Howard Lewis Kaucher, Pennsylvania. Peter Ambrosia Larkin, Pennsylvania. William Joseph Mathews, Pennsylvania. Louis Burchfield Milliken, Pennsylvania. Arthur B. Moulton, Maine. Patrick Aloysius McLaughlin, Pennsylvania. Edward Collins Oestereicher, Pennsylvania. Michael P. O'Neill, Pennsylvania. Charles D. Pedrick, New Jersey. Robert Hugh Ray, Minnesota. Joseph von Culin Roberts, Pennsylvania. John Ruffell, Pennsylvania. George Balthaser Spath, Pennsylvania. Harry Malcolm Wasley, Pennsylvania. Walter Walton Watson, Pennsylvania. Samuel Sidney Woody, Kentucky.

GRADUATES IN DENTISTRY.

Harley Ackerman, Pennsylvania. Franklin Elwood Buch, Pennsylvania. John Clair Dougherty, Pennsylvania. Bert Doyle, Maine. Robert Morley Ewing, Pennsylvania. Irvin Franklin Fegley, Pennsylvania. Joseph Henry Gallagher, New York. Leon Gismore, Pennsylvania. Henri Ernest Gobeille, Rhode Island. Fred. K. Grandy, New York. John Bryant Jones, Pennsylvania. Charles E. Koehler (Jr.), Pennsylvania. Mark Marcus, Pennsylvania. William Meter, Pennsylvania. Raymond Stahl Miller, New Jersey. Charles Foster Pierce, Pennsylvania. Rockwell R. Robinson, Pennsylvania. Joseph Lybrandt Rutter (Jr.), Pennsylvania. James Francis Spencer, Massachusetts. Chester Thompson Starr, Pennsylvania. Harry Truitt, Pennsylvania. Alanson U. Welch, Pennsylvania.

GRADUATES IN PHARMACY.

George Charles Anderson, Pennsylvania. Albert Buchanan Armstrong, Pennsylvania. Howard Levin Bowers, Pennsylvania. Edward Vincent Brennan, Pennsylvania. George Vico Ciccone, Italy. Norvin Alsinus Corbett, Pennsylvania. L. Stanley Dobson, Pennsylvania. Charles M. Feicht, Pennsyl-

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vania. George Beale Knight, New Jersey. Herbert George Leilly, Pennsylvania. John L. Loutfian, Turkey. John R. Minehart, Pennsylvania. Frank J. Parrish, Pennsylvania. William T. Ryan, Pennsylvania. Vincent Gerald Reynolds, Pennsylvania. Samuel Garfield Shepherd, Pennsylvania. William Alfred Stidham, New Jersey. Stuart Levin Unangst, Pennsylvania. Harvey L. Wertley, Pennsylvania.

SPECIAL GRADUATES.

Professor William L. Rodman, A.M., M.D. William V. Laws, M.D. William Wayne Babcock, M.D.

After the commencement exercises had been finished an elegant reception was given by Dr. John V. Shoemaker, at his residence, in honor of the orator of the day, President Reed. Dr. and Mrs. Reed were greeted by many friends, and thus the round of entertainments and exercises which mark the completion of a college term were brought to a happy conclusion. Those who had just entered the portals of the profession departed for their homes with the fondest recollections of Philadelphia and the Medico-Chirurgical College.

First Triennial Reunion of the Class of 1897 of the Medico-Chirurgical College.—An interesting event in connection with the closing exercises was the reunion of the class of 1897. The class was well represented, and the meeting was very much enjoyed. The Class Banquet was held on the evening of May 19th. The list of toasts was as follows: "Our Alma Mater," Dr. John R. Dyson. "Practice as We Find It," Dr. John A. Brophy. "Our Permanent Organization," Dr. Arthur C. Morgan. "The Country Practitioner," Dr. A. Jerome Hermann. "Is the Class Sustaining its Reputation?" Dr. Morton H. Smith. "Our Wives," Dr. Thomas B. Rodham. "Our First Patients," Dr. James P. Lofland. "The Bachelor Practitioner," Dr. Andrew Godfrey.

In Memoriam. — To each the appointed time must come when the scenes and occupations of this world shall know him no more. Within no long time our profession has lost many men eminent among us by reason of their attainments and positions.

James T. Whittaker.—Professor Whittaker, of Cincinnati, has passed to his long rest after a life of active exertion for the good of humanity and the advance of his profession. Professor Whittaker was an ornament of the Cincinnati school, highly esteemed by his colleagues, beloved by his students, and recognized both at home and abroad as a writer of force and literary style. In an appreciative notice Dr. T. C. Minor thus writes in the Cincinnati Lancet-Clinic: "Our admiration of Dr. Whittaker's grand qualities as physician, student, and writer has never failed. . . . James T. Whittaker was a gentleman, above all in the consultation-room, where, while he had firmly fixed opinions, he never placed himself in antagonism to the regular medical attendant, who might at times differ with him as to points of treatment. . . . Dr. Whittaker was ever an advocate of the higher medical education. A man of great culture and refinement himself, he always labored to impress his students with the advantages to be derived from close application to all the varied branches of human knowledge."

Fessenden Nott Otis.—Few men were better known to the profession, by reputation at least, than Dr. Otis, of New York. The distinguished surgeon had been in failing health for some months, and had gone south in hope of improvement, when he was unfortunately attacked by pneumonia in New Orleans and fell a victim. Dr. Otis will be especially remembered for his work in the field of genito-urinary surgery. The number of instruments and appliances which he invented is universally known, and all have proved practically useful. Dr. Otis also contributed largely toward clarifying our conceptions of the pathogenesis of syphilis. The deceased was a man of accomplishments in art and general literature.

Edward Oram Shakespeare.—The late Dr. Shakespeare, of Philadelphia, was recog-

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nized as authority in questions relative to pathology. He was a native of Delaware, and at the beginning of his career had practiced his profession in Dover, but had come to Philadelphia and engaged in special practice as an ophthalmologist and worked at pathology in the hospitals. In 1885 he was sent to Spain and other countries in southern Europe for the purpose of studying cholera. During the war with Spain he served as brigade surgeon. Dr. Shakespeare was the inventor of a new ophthalmoscope and ophthalmometer.

George Bird.—Dr. George Bird, of London, is dead at the advanced age of 83. The British Medical Journal says of Dr. Bird:—

"He always had an affinity for literature, art, and the drama, and he counted many illustrious people among his patients. He attended Leigh Hunt, and knew behind the scenes. He never lost an occasion to bear witness to the fact that the financial reproaches heaped on Leigh Hunt were undeserved. About two years ago he wrote a memorandum, which in due time will prove that Leigh Hunt was an heroic martyr. It was to shield another he stoically bore aspersions on his character. He also attended Sir Edward Bulwer Lytton, Dickens, Frank Stone, Sir Richard and Lady Burton, Thomas Woolner, R. H. Horne, Mrs. Lynn Lintón, and many well-known people of the day.

"An old friend of Dr. Bird sends us the following estimate of his character: 'To the last he remained young in body and young in mind. He was always fond of athletic exercises, and in his younger days was an excellent boxer, and remained to the last an active cyclist. He was also young in mind—always embraced with eagerness new ideas, and was in everything progressive. He was most kind of heart and cheerful in disposition, and had at his disposal a fund of good stories, which he narrated excellently. He thoroughly enjoyed life, and brought sunshine wherever he went to friends and patients. His patients were all his devoted friends. He leaves a happy memory behind him among his many friends, who will sadly feel their loss, and will long cherish their recollection of George Bird.'"

Johann F. Hofmokl. — Professor Hofmokl, of Vienna, was a native of Breslau, but a graduate of Vienna. He became Professor of Surgery in 1885, and two years ago succeeded Professor Dittel at the Allgemeine Krankenhaus. Professor Hofmokl was a skillful operator, and had contributed largely to the literature of surgery.

Mathias Hieronymus Saxtorph. — Dr. Saxtorph, Professor of Surgery at Copenhagen, died recently at the age of 78. He had enjoyed a long and successful career at Copenhagen. His most important publication is a treatise on clinical surgery, which embodies the fruit of his observation and experience.

Georges Apostoli.—Dr. Apostoli died prematurely, at the age of 53, of influenzal pneumonia. Apostoli will be chiefly remembered for his ardent advocacy of the use of electricity in medicine and surgery, more particularly in the treatment of uterine fibroids. He edited a journal devoted to electrotherapy. Apostoli was an indefatigable worker, and his loss at this time is much to be deplored.

Corrado Tommasi-Crudeli. — This celebrated Italian physician recently passed away. He was one of the most distinguished and scientific physicians of Italy. He was also an efficient member of the Italian parliament, and had served in both houses with credit to himself and benefit to the State. Dr. Tommasi-Crudeli was known as a writer of authority on medical subjects and had devoted much study to the question of malaria.

Ohio State Board of Medical Registration and Examination.—The Ohio State Board has recently adopted regulations governing the entrance of students of medicine into medical colleges and their right to practice medicine in the State. They must show evidence of sufficient preliminary education on general subjects and must attend a med-

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ical college which exacts the requirements of the Ohio State Board.

Building and Sanitary Inspection Company of New York.—At the invitation of Dr. Benjamin Lee, Secretary of the Pennsylvania State Board of Health, Mr. Thomas H. Robinson, secretary and treasurer of the Building and Sanitary Inspection Company, of New York, was recently in this city for the purpose of considering the expediency of establishing a branch of that company in Philadelphia.

An Appendix to the International Directory of Laryngologists and Otologists.—An Appendix to the "International Directory of Laryngologists and Otologists," compiled by Mr. Richard Lake, is in course of preparation. In it will be found corrections of names and addresses already given, an additional list of names and addresses received since publication, and an obituary list.

Considerable additions have been obtained for the foreign list, which will materially add to its value and completeness. The decision of the editors of the Journal of Laryngology, Rhinology, and Otology, under whose auspices the directory is published, to allow no name to be inserted in the British list for which sanction has not been given in writing, at once explains some omissions and criticisms. The editors, while desirous of making the directory as complete as possible, consider it best to adhere to this course. It is therefore hoped that all engaged in the practice of laryngology, rhinology, and otology will assist as far as possible in making this useful work complete by sending in their names and addresses to the editor, "International Directory of Laryngologists and Otologists," 129, Shaftesbury Avenue, W. C., London, England.

Matrimonial. — On the evening of June 6th, at Frederica, Delaware, Dr. John B. Derrickson was united in the bonds of matrimony to Mary Lewis, daughter of Mr. and Mrs. Thomas Davis Burton.

On the evening of June 6th, at Easton, Pennsylvania, Professor George Herbert Meeker, of Philadelphia, was married to Annie Uhler, daughter of Mr. Edward Insley Hunt.

Dr. L. Harrison Mettler, of Chicago, was married on June 12th to Miss Minnie Warner, of Clinton, Ill.

May health, prosperity, and happiness fill the lives of these, who have joined their fortunes together!

Announcement by Mr. Saunders.—Mr. W. B. Saunders announces that he has decided to give recognition to their services by associating with himself in business, under the firm name of W. B. Saunders & Company, Mr. F. L. Hopkins, manager of the subscription department, and Mr. T. F. Dagney, manager of the publication department. These gentlemen have been connected with the establishment almost from its inception, and to their capable management of their respective departments Mr. Saunders attributes much of the success that has attended his efforts.

The subscription and publication departments will be conducted as heretofore. The trade-book department will be under the management of Mr. W. D. Watson, whose connection with the house has extended over the past eight years, and who has demonstrated his ability to manage that department with efficiency and success.

First International Congress of the Medical Press.—An International Congress of the Medical Press will be opened at Paris on the 26th of July in connection with the Universal Exposition. This congress, instituted by decree of the Minister of Commerce and Industry, was organized at the instance of the Association of the French Medical Press, which, at its session of November 4, 1897, decided to call, some days before the opening of the International Medical Congress, a meeting of all the representatives of the French and foreign medical press.

The idea of such a reunion originated in 1894 during the first sessions of the International Medical Congress at Rome. At the

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instance of M. Marcel Baudouin, of Paris, and Professor C. Posner, of Berlin, an International Association of the Medical Press was projected.

At the approaching First Congress a number of new, and sometimes delicate, questions will be raised. Among those proposed for discussion are two which demand particular attention on account of their importance. The first question is: The cause of the formation of an International Association of the Medical Press and the conditions under which the association shall operate.

2. The application of the principles of protection of literary protection to the protection of medical literature.

Upon the first question reports will be drawn up by MM. Laborde, of Paris; C. Posner, of Berlin; and Rubino, of Naples.

The three reports will be published before the opening of the congress and addressed to all the members.

Upon the second question reports will be made by MM. de Maurans, Pouillet, and Rochet, of Paris. These will be published under the same conditions.

Other topics have been suggested, and will probably elicit fruitful discussion. Among these are: Unification of the technical terminology for bibliographical purposes; the extension to the medical journalists of some of the material privileges enjoyed by the political press; the regulation of the right of reproduction; general conditions relative to exchanges; the representation of medical journals in foreign countries; the rôle of the medical press in the organization and work of congresses, etc.

American Laryngological, Rhinological, and Otological Society.—The sixth annual meeting of the above society was held in Philadelphia on May 31, June 1 and 2, 1900. Many interesting papers were read and discussed. Among those of particular importance we may cite the following, although it seems almost invidious to single out any for special mention when the average merit was so high: "Chronic Nasopharyngeal Bursitis (Thornwaldt's Disease)," by Duncan Roy, of Atlanta, Ga.; "Some of the More Common Forms of Defective Speech," by G. Hudson Makuen, of Philadelphia; "Motor Neuroses of the Larynx, with Report of Cases," by John F. Woodward, of Norfolk, Va.; "A Further Report on the Use of Pure Carbolic Acid in the Treatment of Mastoid Wounds and Chronic Suppuration of the Middle Ear," by Wendell C. Phillips, of New York City; "The Abortive Treatment of Acute Mastoiditis in Children and Adults," by J. F. McKernon, of New York City; "Erysipelas of the Eustachian Tube and Middle Ear," by E. Freidenberg, of New York City; a special discussion was held on the subject of adenoids, and was participated in by Drs. Thomas H. Halsted, Irving E. Kimball, Norval H. Pierce, Charles W. Richardson, William Cheatham, and Frederick C. Cobb. Dr. McKernon's paper was also specially discussed by Drs. Wendell C. Phillips, William H. Daly, Joseph S. Gibb, A. W. Calhoun, John F. Fulton, John O. Roe, and M. R. Ward.

Sir John William Moore.—Among the recipients of knighthood conferred in honor of Queen Victoria's birthday is Dr. John William Moore, President of the Royal College of Physicians of Ireland and editor of the Dublin Journal of Medical Science.

American Academy of Medicine.—The Twenty-fifth Annual Meeting of the Academy of Medicine was held at Atlantic City on June 2d and June 4th. Some of the proceedings which attracted particular attention were: A symposium on the medical aspect of the home, participated in by Dr. Rosa Engelmann, of Chicago; Dr. J. Chesten Morris, of Philadelphia; Dr. J. Madison Taylor, of Philadelphia; Dr. E. Stover, of Fort Collins, Colorado; Dr. W. M. Carhart, of New York; Dr. James W. Walk, of Philadelphia; Dr. J. W. Grosvenor, of Buffalo; Dr. S. D. Risley, of Philadelphia; Dr. Helen C. Putnam, of Providence; and Dr. Charles McIntire, of Easton, Pa. In the

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evening session an address was delivered by the president, Dr. G. Hudson Makuen, who chose as his subject "Some Measures for the Prevention of Crime, Pauperism, and Mental Deficiency." On the second day scholarly papers were read by Drs. A. L. Benedict, of Buffalo; Howard S. Hansell, of Philadelphia; Bayard Holmes, of Chicago; W. J. Herdman, of Ann Arbor; S. A. Knopf; H. P. Ritchie; G. G. Graff, of San Juan; A. Ravogli, of Cincinnati; and Charles McIntire, of Easton, Pa.

The following officers were elected to serve for the ensuing year: President, Dr. Samuel D. Risley, of Philadelphia. Vice-presidents, Drs. C. M. McCulver, of Albany, N. Y.; Rosa Engell, of Chicago, Ill.; G. G. Graff, of San Juan, Porto Rico; Charles T. McClintock, of Detroit, Mich. Secretary and treasurer, Dr. Charles McIntyre, of Easton, Pa. Assistant secretary, Dr. Alexander R. Craig, of Columbia, Pa.

Two Right Kidneys.—In a paper entitled "Some Interesting Genito-urinary Specimens" Dr. Bransford Lewis, of St. Louis, writes, in the Medical Herald, of a specimen illustrating another anatomical peculiarity with reference to the kidney. "This is from a man who had no left kidney, but who had two right kidneys; that is to say, there was a supernumerary kidney on the right side, but none on the left. The upper one was located in its normal position, the extra one being on the same side, but lower down toward the pelvis, lying in the right iliac fossa. It received its blood-supply as follows: The renal artery from the right common iliac and an extra twig from the abdominal aorta passed over instead of under the kidney, entering the hilum through a fissure at its lower edge. The renal vein entered the right common iliac. The ureteral openings of both these right kidneys were placed one on each side of the trigone, at the sites of normal ureteral openings."

A Curious Conception.—A woman named Akroyd, says The Barrister, was tried before the Court of Queen's Bench in Dublin for refusing to produce a child which she had abducted. Some amusement was created in court when the prisoner was sentenced to six months, without hard labor, in Richmond prison, which is only for the incarceration of males. Carved in the stonework over the main entrance to the prison are the following words: "Cease to do evil, learn to do well." The commitment was the subject of the following lines:—

In most earthly tribunals some harshness prevails,
But the Court of Queen's Bench is both prudent and mild;
It committed Miss A. to the prison for males,
As the readiest mode of producing a child.
How she'll do so surpasses conception to tell,
Should she "cease to do evil, and learn to do well";
And if in six months, without labor confined,
She produces a child, she'll astonish mankind.

—New Orleans Med. and Surg. Journal.

A Revised Reading.—A late number of the Saturday Evening Post contains the following story:—

General Benjamin F. Tracy, ex-Secretary of the Navy, was once trying a case in the City Court which involved the liability of a provision dealer for unwholesome pork. The point of issue turned upon trichinosis, and the word was bandied about by counsel and scientific experts. The most interested auditor was an old court officer, who listened to all the arguments, especially to those of the General.

"Oh, but that was an instructive spache, Gineral. Oi knew that pigs were unhilthy animals, but I never knew they had tricky noses before."

Cape May County (N. J.) Medical Society. — At a stated meeting held at Cape May on June 1st the following officers were elected: President, Dr. A. L. Leach; vice-president, Dr. J. S. Douglas, of Tuckahoe; treasurer, Dr. Randolph Marshall, of Tuck-

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ahoe; secretary, Dr. C. B. Corson, of Seaville.

Association of Baltimore and Ohio Railway Surgeons.—At the annual meeting of this association, held at Atlantic City, the following officers were elected: President, Dr. R. B. Short, of Union Mills, Ind.; first vice-president, Dr. F. J. Evans, of Chester, Pa.; second vice-president, Dr. J. W. Hays, of Albion, Ind.; secretary and treasurer, Dr. G. A. Davis, of Summit, W. Va.; assistant secretary, Dr. W. A. Bailey, of Leisenring, Pa.; executive committee, Drs. John E. Russell, of Mount Vernon, Ohio, and W. W. Weaver, of Philadelphia.

Illness Proves a Heroine's Undoing.—Deborah Sampson, who enlisted in the Continental Army as Robert Shurtleff, was one of the most dashing and brave of fighters for the cause of liberty. She enlisted in a Massachusetts regiment and served three years before it was known that the brave soldier was a woman. "She was taken ill in Philadelphia," says a writer in the July Ladies' Home-Journal, "and the hospital nurse had pronounced her dead, but a slight gurgling attracted the doctor's attention; he placed his hand over her heart, and, finding to his surprise an inner waistcoat tightly compressing her breast, ripped it open. She was immediately removed to the matron's apartments, where everything was done for her comfort. The commanding officer upon learning that his aid was a woman granted her an honorable discharge, and presented her with a letter from Washington commending her services. The humble soldier stood before him with shining eyes filled with tears and thanked him many times, begging him to ask that her fellow-soldiers be told, and that he ask them to tell him if she had done aught that was unbecoming a woman. This was done and her comrades and officers declared their respect for her was unbounded. Upon her honorable discharge from the army she returned to her mother's home, striving to escape the calumny which followed her singular career. After General Washington became president he wrote a most cordial letter to Mrs. Gannett (Deborah Sampson—she having married in the meantime), inviting 'Robert Shurtleff' to visit him. She accepted and was treated with the greatest honors by the president and residents of Washington."

The Nails in Insanity.—That acute diseases frequently involve defective nutrition of the nails, so that their occurrence at a previous date, which may be approximately estimated, is often indicated by transverse lines, is a well-known fact. According to Dr. Marco, this occurs with special frequency and regularity in the periodical psychoses known as alternating, or cyclical, insanity, *folie circulaire*, etc. "In patients so affected the periodical changes in the general and psychical condition are so countersigned on the nails in the form of grooves and ridges that a simple examination of the fingers will enable one, in most cases, to estimate the frequency and relative duration of the attacks. In some cases, especially cyclical forms, where the periods are frequent, short, and regular, the nails assume a characteristic aspect, resembling, in the richness of concentrically arranged dystrophic striæ, the ridged shells of certain mollusks."—Medical Record.

The Philippine Association of Acting Assistant Surgeons, U. S. A.—At the first annual meeting of this association, held at Manila, the following were elected: President, Dr. H. W. Beal; vice-president, Dr. H. Morell; corresponding secretary, Dr. R. M. Inglish; recorder, Dr. H. M. Stromberger. It is the intention of the association to enroll as members all the acting assistant surgeons in the Philippine Islands, and hold a meeting and banquet on Dewey Day every year in the future.

Association of Military Surgeons of the United States.—The following officers were elected at the recent meeting: President, Brigadier-General A. J. Stone, of Minnesota; first vice-president, Medical Inspector John G. Wise, of Washington, D. C.; sec-

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ond vice-president, J. F. Calef, of Connecticut; secretary, Colonel Charles Adams, of Illinois; treasurer, Lieutenant Herbert A. Arnold, of Pennsylvania. St. Paul, Minn., was selected as the next place of meeting, and it was recommended that the meeting for 1902 be held in San Francisco. A motion was made and adopted that all ex-surgeons of the Civil War, both Federals and Confederates, be eligible for membership in the association.

Camden (N. J.) District Medical Society.—At the annual meeting the following officers were elected for the ensuing year: President, Dr. J. T. Leavitt; vice-president, Dr. W. R. Powell; secretary, Dr. P. M. Mecray; treasurer, Dr. E. R. Ramsdell; historian, Dr. H. H. Sherk; reporter, Dr. J. G. Doron; standing committee, Drs. J. S. Baer, J. E. Hurff, J. W. Marcy, W. A. Jennings, and W. A. Wescott; censors, Drs. Alexander Marcy and Blake; trustee, Dr. O. B. Gross.

The Cavendish Lecture.—The Cavendish Lecture before the West London Medico-Chirurgical Society was delivered by Mr. H. T. Butlin, Surgeon to St. Bartholomew's Hospital, on Friday, June 22d. The subject of the lecture was "The Application of Pathology to Surgery."

Roosevelt Hospital, New York. — Roosevelt Hospital has made an appeal for $500-000 to carry on its work. In the twenty years that it has been in existence its scope has greatly increased. Instead of the 59 employees required twenty years ago, the number is now 200. Since 1881, five departments have been added, and the ambulance service is now heavier than ever before, there having been no less than 4041 ambulance calls in the past year.—Journal of the American Medical Association.

Harrisburg Hospital. — Dr. Howard Kaucher, of the Medico-Chirurgical College of this city, and Dr. W. Pearson, of the Jefferson, have been appointed resident physicians.

University of Maryland. — The University of Maryland has filled the vacancy in the chair of therapeutics, created by the resignation of Dr. I. Edmondson Atkinson, by assigning that department to Dr. Charles W. Mitchell, who will fill both this and the chair of pædiatrics.

Physicians' Club of Chicago.—The Physicians' Club of Chicago recently elected the following officers: Chairman, William H. Wilder; secretary, L. Harrison Mettler; treasurer, L. Blake Baldwin; directors to fill vacancies, John M. Dodson, M. W. Bacon, and John L. Porter.

Royal Society. — The Royal Society of Great Britain is about to elect to membership Dr. Patrick Manson and Dr. Leonard Hill.

The Magazines.—*American Monthly Review of Reviews.*—The American Monthly Review of Reviews for June is a well-illustrated magazine. The important news topics of the month are editorially treated in "The Progress of the World," the opening department. A character-sketch of "James J. Hill, a Builder of the Northwest," is contributed by Mrs. Mary Harriman Severance, who outlines the remarkable career of the president of the Great Northern Railroad. Dr. Albert Shaw, the editor, writes from full knowledge on "Paris and the Exposition of 1900." Mr. Jacob A. Riis, author of "How the Other Half Lives," forecasts the work of the New York Tenement-House Commission recently appointed by Governor Roosevelt. Mr. Cleveland Moffett writes on "Automobiles for the Average Man." Mr. Charles A. Conant describes the operation of the refunding law passed by Congress last March. There are also illustrated articles on summer camps for boys, the Passion Play at Oberammergau, and new fiction for summer reading.

"The Progress of the World," the editorial department, covers such topics as the famine in India and the relief operations in America, the recent Populist conventions and the Presidential situation late in May.

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the Montana Senatorial contest, the proposed revision of the New York City charter, the St. Louis strike, the American Steel and Wire case, the recent Montgomery conference on the negro question, the Cuban postal scandals, the Turkish indemnity, the Boer war, and the great Ottawa fire.

In describing "Paris and the Exposition of 1900," Dr. Shaw regards Paris itself, the typically modern city, as an inseparable part of the great fair. So far from complaining of the incompleteness of the exposition in the opening month, as many visitors have, Dr. Shaw welcomed the opportunity to see many of the wonders of the fair in the making. His article is, by far, the most discriminating estimate of the real value of the Paris show that has been published on this side of the Atlantic.

Ladies' Home-Journal. — "The Fashionable Summer Resorts of the Century" is a feature of the July Ladies' Home-Journal, especially interesting from the glimpse it gives of the social life of these places at times when they were considered accessible only to the rich. "The Girl Who Fought in the Revolution" is the story of a young woman who battled for the cause of liberty on the field and made innumerable conquests of female hearts. She enlisted as a man and wore the uniform of a soldier. A contribution to the July Journal that will find universal welcome is Ernest Seton-Thompson's dramatization of "Wild Animals I Have Known," in which the author's friends of forest and plain are impersonated by children. Edward Bok writes of "The American Man and the Country," "An American Mother" writes on "Is a College Education the Best for Our Girls?" and Edward B. Rawson on "Letting Children Rust in Summer." "A Missionary in the Great West," "The Autobiography of a Girl," "The Voice in the Choir," and "The Story the Doctor Told" are all interesting features. Howard Chandler Christy's page drawing shows "The American Girl at Her Sports." There are numerous other pictorial features. The practical, helpful articles of the July Journal are timely. By The Curtis Publishing Company, Philadelphia. One dollar a year; ten cents a copy.

McClure's Magazine.—The June issue of McClure's is particularly strong and varied in its contents, both as regards fiction and special articles. President Krüger, of the South African Republic, is portrayed in an acute character-study by F. Edmund Garrett, who has had the advantage of personal contact with the remarkable Boer leader, and is thoroughly familiar with his past career and with the political history of the Boers. Excellent portraits of Krüger and his wife are included. J. Lincoln Steffens, of the New York Commercial Advertiser, relates some striking "incidents of conflict" between Governor Roosevelt and the party leaders, and considers whether his first term as governor has turned out to be a successful experiment. A fully illustrated article on the Cape Nome Gold Fields, by William J. Lampton, describes life in Nome City, which is "the largest of its age in the world," and gives the latest and exactest information available concerning the possibilities of this new gold region, one that is much richer than even the Klondike. "Experiments in Flying," by O. Chanute, is an account of the author's own flying-machines, one of which was so constructed as to maintain successfully a speed of seventeen miles an hour. The article is illustrated from photographs.

One of the most striking features of the number is a thrilling naval story of the Japanese-Chinese war by Adachi Kinnosuké, who is almost the only existing Japanese writer whose literary reputation has been established by his work in the English language. How the *Hiyei* ran the gauntlet of the Chinese Squadron, how the valiant Yamaji fulfilled his dedication by his dying father to the service of the Emperor of Japan, all this is graphically and thrillingly told. The pictures are full of action and unusually effective. In addition to this, there are several other good short stories. There is also a true historical story by the

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Rev. C. T. Brady—the story of the greatest fight in the history of American privateers, Reid's great fight in the *General Armstrong* against the British.

Scribner's.—Scribner's Magazine for June opens with an article appropriate to the season of national conventions. It is entitled "How a President is Elected," and gives a view behind the scenes of the way in which the great machinery of a presidential election is put in motion. The author, A. Maurice Low, is a Washington correspondent who has had every facility to see the workings of a campaign.

Another article of national interest is "Are the Philippines Worth Having?" by George F. Becker, a United States geologist who recently spent more than a year in the islands. This article is a very clear exposition of the mineral, industrial, and agricultural possibilities of the islands, with an account of their climate and the characteristics of the people.

Mr. Richard Harding Davis has been following General Buller's column, and his first article is published in this number, describing the battle of Pieter's Hill. The other side of the picture is presented by Thomas F. Millard, an American correspondent who has been with the Boer army since early in the war. He describes very graphically how the Boers fight, showing their unique methods of attack and defence. Some of the figures of their small losses as compared with the British losses will astonish even their ardent admirers.

Governor Roosevelt concludes his monograph on Cromwell with a judicious summary of the great Protector's qualities as a personal ruler. Barrie's great serial, "Tommy and Grizel," is continued with intense interest. Charles Major, the author of "When Knighthood Was in Flower," writes an essay entitled "What is Historic Atmosphere?" John Fox, Jr., author of "Hell-fer-Sartain," writes an out-door sketch, entitled "Down the Kentucky on a Raft," which is full of the amusing mountain characters which he knows so well.

Saturday Evening Post.—A recent feature of this magazine, which will prove an attraction to many readers, is a new series by Bret Harte of "Condensed Novels." It will be remembered that a number of years ago Mr. Harte wrote a series of stories of this kind, and that they afforded much entertainment and amusement. In this new series the writer has produced a number of graphic literary caricatures.

From the pages of the Saturday Evening Post we extract the following stories:—

SHERMAN'S RIGID HONESTY.—To his aid Mr. Sherman brought a nature instinctively methodical, and an unflinching probity. He saw to it that the public moneys were not squandered or used for dishonest purposes. A claim for a million dollars was once brought to him for his signature. It had been regularly allowed, but it was illegal and he refused to sign.

"It has been allowed," insisted the claimant's attorney, "and you must sign it."

"I will not," repeated Mr. Sherman; and he did not. He would have resigned, he afterward confided to a friend, had it been required of him, sooner than even seem to sanction a fraud.

Neither would he permit irregularities. The chief of a bureau one day came to him for an order to pay for some machinery.

"Has it been advertised?" asked the secretary.

"No," said the chief, "but there are only two places where it can be made, and we are accustomed to get their bids, and contract with the lowest."

"But," said the secretary, "the law says it must be advertised."

"At least *this* may pass, for it is made and we need it."

"I cannot help that; the law says it must be advertised, and advertised it must be." And advertised it was, at a very large saving to the Government.

MR. BONAPARTE'S FAMOUS PUN. — The most successful pun ever perpetrated at a commencement is attributed to Charles Jerome Bonaparte, the brilliant American

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member of that famous family, who is a trustee of Harvard, and who practices law in Baltimore. It was at the Johns Hopkins University, and there was a crowded and distinguished audience. Mr. Bonaparte presided. The address was to have been delivered by a member of the faculty who was remarkably absent-minded. When introduced he stood up and confessed to the large audience that he had forgotten entirely that he was to make an address; he recalled that something was on his mind and he intended the night before to write out a speech, but instead of that it slipped his memory and he went to the opera. With that he sat down. Mr. Bonaparte arose and spoke these three words:—

"*Opera non verba.*"

There was a slight pause, and then a roar of laughter filled the hall.

Dr. Lewis Stephen Pilcher, LL.D. — The degree of Doctor of Laws has been conferred by Dickinson College upon Dr. Lewis Stephen Pilcher, of New York, editor of the Annals of Surgery.

Treatment of Endometritis Occurring in Nulliparæ.—In young nulliparæ, Bouilly writes, in the Journal de Médecine de Paris, we have no lacerations, we have no sclerotic changes; the external orifice is small. The body of the cervix is dilated. Its secretion is viscous, adherent, and reddish yellow. We have retention of secretion. The cervical cavity resembles a small barrel. Women that are subject to these tenacious, viscous, adherent discharges are usually sterile. They have lesions of the glandular *cul-de-sac* of the uterine cervical glands. These patients do not suffer much. They have a sensation of weight in the pelvis. Is the affection gonorrhœal? Perhaps. What shall we do in these cases? Curettement fails. Antiseptic injections do absolutely no good. Tampons saturated with alum or tannic acid have no effect. Topical applications do not often succeed. The glandular lesions are so deep that cervical antisepsis is fruitless. Schroeder's amputation of the cervix is a complicated operation. It demands multiple sutures; in fact, it is a major operation for a minor lesion. We perform the following operation: Dilatation of the uterus for two days, then lavage and curettement of the uterine cavity. Seize the anterior and posterior lips of the cervix; with a narrow and small scalpel remove a mucous flap 2, 3, or 4 millimetres in thickness from each lip. The commissures are spared. Thus mucous membrane is removed from two opposing surfaces that do not come in contact with each other. The mucosa of the lateral portion of the cervix regenerates the mucous membranes for the entire external os. The external os, after this, stays widely open; so as to avoid possible post-operative hæmorrhage, the cervical cavity is tamponed with iodoform gauze.—Chicago Clinic.

Resignation.—Dr. J. Caven has resigned his professorship in Toronto University Medical Faculty.

Analgesia of the Ulnar Nerve in Epileptics. — Lannois and Carrier found that in 130 epileptics, of whom 50 were males and 80 females, sensation to pressure on the ulnar nerve at the elbow was, as regards males, normal on the two sides in 27 out of 50 cases, normal on one side only in 4 cases; diminished or markedly obtuse on both sides in 11 cases, and diminished on one side in 6 cases. There was complete analgesia on both sides in 5 cases, and on one side in 4 cases. In other words, the male epileptics showed ulnar analgesia in 14 per cent. of the cases, diminished sensibility in 28 per cent., and normal sensibility in 58 per cent. The 80 women gave the following results: Sensibility was normal on the two sides in 40 cases, and diminished on the two sides in 11 cases. Eleven cases showed a diminution of sensibility on one side only. There was ulnar analgesia on both sides in 14 cases, and on one side in 10 cases. The female epileptics thus showed ulnar analgesia in 24 per cent. of the cases, diminished sensibility in 20 $^1/_2$ per cent., and normal sensibility in

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55 per cent. The percentages in the two sexes were as follows: Ulnar analgesia, 20 per cent.; diminished sensibility, 23 1/2 per cent.; and normal sensibility of the ulnar nerve, 56 1/2 per cent. The authors conclude that ulnar analgesia may be regarded as a diagnostic sign of minor importance, but that it cannot be taken as a sign of value in differential diagnosis from hysteria, for example. Analgesia was present in a large number of cases after an epileptic fit, but any marked analgesia generally disappeared about twelve hours after the attack. — British Medical Journal.

Gonorrhœal Psychopathy. — Cassella records the case of a young man of healthy parentage who presented well-marked mental symptoms in the course of four different attacks of gonorrhœa. The first attack was characterized by taciturnity, melancholy, confusion of ideas, stupor, and apathy, necessitating confinement in an asylum; with the cure of the gonorrhœa the mental symptoms disappeared. A second attack of gonorrhœa five months later was accompanied by similar mental symptoms. The third attack of gonorrhœa occurred fifty-three days later, and a fourth attack two years after. The last two attacks were associated with symptoms of a more active kind, namely: extreme restlessness, mania, and a chaotic delirium of ideas and actions. Recovery occurred after each attack. — British Medical Journal.

"A Case of Dermatitis Herpetiformis in a Child Three Years of Age Cured by Circumcision."—Under the above title Dr. J. N. Roussel, of New Orleans, reports, in the New Orleans Medical and Surgical Journal, an interesting case for the following reasons:—

"First. The disease being a rare one, I believe that the interests of dermatology are best subserved by reporting all such cases, and more especially the cases in which the exciting cause is probably known.

"Second. The patient being only three years of age, and having had it for two years, renders it interesting in this particular instance, because a goodly number of very eminent dermatologists, both in this country and abroad, are disposed to believe, and so express themselves, that the affection is never or scarcely ever found in those so young.

"Third. After circumcision for a very pronounced phimosis, the affection having entirely disappeared, with no other form of treatment, is more than probable evidence of its reflex origin, which, in this particular case, is especially interesting, because it is probably the first and only case on record in which phimosis has been recognized as the exciting cause."

Pan-American Medical Congress. — The third meeting of the above body will be held at Havana, Cuba, December 26, 27, 28, and 29, 1900.

American Electrotherapeutic Association. —The tenth annual meeting of the above society will be held in New York on September 25, 26, and 27, 1900. The subjects for discussion are: "Electricity in Gynæcology and the Present Reluctance of Gynæcologists to Use Electricity" and "Electricity in Tuberculosis and the Present Modes of Treatment."

A Localized Scleroderma in the Distribution of the Right Fifth Nerve.—James Galloway describes, in a clinical lecture, a case of this rare condition. The patient has been continuously under his observation for seven or eight years. For some years prior to that time, when she was about sixteen years of age, she consulted a medical man for what he diagnosticated as ringworm. He treated her by means of strong caustic applications, which removed the hair from the affected part. Gradually this space extended backward to the junction of the parietal and occipital bones, the skin over this area being sclerosed and of a brownish "old ivory" tint. In addition there are patches of the hardening of the skin on the right side of the nose and the right side of the lip. Recently a small patch of the same sort has been observed on the right side of the lower lip. As-

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sociated with this condition is well marked enophthalmos. The right eye has sunk backward to such an extent that it is difficult for the lower eyelid to accurately meet the upper. This imperfect apposition of the lid results in the tears' running over the cheek. The enophthalmos is probably due to the same changes in the connective tissue within the orbit that have taken place in the fibrous structures of the skin. There is no alteration in the function of the eye.—Medicine.

Celery as a Carrier of Infection. — The Maryland Medical Journal points out the danger of contracting typhoid fever from truck gardens, with their free use of fertilizers from all sources. An epidemic of typhoid fever occurring in a State institution was apparently traced to the use of celery grown on some sewage-fertilized grounds, the practice of banking up the stalks making these plants especially adapted to receiving and holding the germs. As soon as the use of the plant was stopped, the epidemic diminished, and finally ceased altogether. The facts indicate the need of caution in using this popular vegetable, which, with its corrugated stems, etiolated by banking up with earth often saturated with fertilizers of one kind or another, and generally eaten raw, might very possibly carry disease-germs.—Dietetic and Hygienic Gazette.

Glossodynia.—Dr. C. Chauveau says that painful sensations in the tongue without obvious microscopical lesions have given rise to considerable controversy. He makes the following detailed classification: 1. Glossodynia secondary to trigeminal neuralgia, especially where the inferior dental branch is involved. 2. Glossodynia in cases of hypochondriasis, melancholia, and general paralysis. 3. Tabetic glossodynia, described by Fournier. 4. Hysterical glossodynia. 5. Rheumatic glossodynia. 6. Glossodynia of local causation. The last variety may result from dental caries, the wearing of artificial teeth, and hypertrophy of the lingual tonsil, and also from the use of tobacco, alcohol, spices, and various drugs, such as iodide of potassium. The pain may be continuous or paroxysmal, and may extend ultimately to the lips, gums, and cheeks. Caustics and other applications often do harm. In the writer's experience the thermocautery has given excellent results, though the prognosis is not always good, owing to the extreme probability of relapse.—Medical Review of Reviews.

Tulane University.—Dr. Edwin A. Alderman, heretofore president of the University of North Carolina, has accepted the election to the presidency of Tulane University, New Orleans.

Nephritis in Varicella.—Dr. Hans Haenel has reported a case which is remarkable only for the fact that the albuminuria preceded the outbreak of the rash, although noteworthy prodromes are rare in varicella except in cases of unusual severity. The occurrence of nephritis in connection with varicella is not in itself very rare, as the author shows by reference to the literature of the subject.—New York Medical Journal.

Starling Medical College. — At a special meeting of the trustees of Starling Medical College of Columbus, the faculty appointed was as follows: Otto Frankenberg, Professor of Obstetrics; Louis Kahn, Professor of Anatomy; Charles B. Moray, lecturer on physiology; W. D. Deuschle, lecturer on nervous diseases; J. M. Phillips, on pathology; J. H. Upham, on diseases of children; John L. Gordon, on physical diagnosis; and John Rauschkolb, lecturer on pharmacy.

Book Reviews.

Annual and Analytical Cyclopædia of Practical Medicine. By Charles E. de M. Sajous, M.D., and One Hundred Associate Editors, Assisted by Corresponding Editors, Collaborators, and Correspondents. Illustrated with Chromolithographs, En-

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gravings, and Maps. Volume V. Philadelphia, New York, and Chicago: The F. A. Davis Company, 1900.

This work is of permanent and increasing value. It is, indeed, a library in itself, for it not only describes the characteristic symptoms of diseases and the traits by which they are severally distinguished, but it also informs the reader of the increases which are constantly being made to our knowledge. The physician, therefore, who provides himself with this cyclopædia acquires the means of acquainting himself with the present *status* of medical thought and knowledge relative to the numerous topics included in each volume. The fifth volume contains matter arranged alphabetically from "Methyl-blue" to "Rabies," inclusive. The subjects are so proportioned that each receives the due notice to which it is entitled by its importance. The importance may depend upon actual additions to our knowledge of an old subject, to an old subject presented from new points of view and relationship, or the subject may be one that is entirely new to our medical literature. New drugs, for instance, new surgical procedures, new discoveries in the bacteriological laboratory, new signs by which differential diagnosis may be aided, are to be found in the successive volumes of this series of volumes. This is an age of transition and advance in the medical sciences, and the man who desires to keep in touch with the progress of the times must constantly keep himself informed as to the progress of discovery and hypothesis, for hypothesis or speculation based upon established and freshly accumulating facts has much to do with scientific advance. The value of this cyclopædia is consequently great to the doctor engaged in the exigencies and emergencies of daily practice. It is in many respects an *alter ego* to such a man. If it cannot lead him into the laboratory, it can at least teach him the net results of laboratory study, and this is essentially what the active general practitioner needs.

The book is issued in excellent style.

Normal Histology. By Edward K. Dunham, M.D., Professor of General Pathology, Bacteriology, and Hygiene in the University and Bellevue Hospital Medical College, New York. New, Second Edition. In One very Handsome Octavo Volume of 319 Pages, with 244 Illustrations. Cloth, $2.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

This book is arranged according to an excellent plan, and the plan has been satisfactorily executed. We learn best by proceeding from the general to the special. We embrace the broadest and most fruitful conception of scientific subjects by fortifying our minds, so to speak, by comprehensive fundamental principles of wide applicability and which are suggestive of the interrelationships of apparently diverse developments. This has been the method upon which the author has conceived and written this work. For this reason it is exceedingly well adapted to serve as a book for the class-room and laboratory. It is not possible to lay too much stress upon the importance of the subject to which the volume is devoted. The study of histology must precede that of pathology. We must know what is normal before we can decide what is abnormal. At this era it is absolutely essential that we should possess a fairly accurate and full conception of the microscopical structure of tissues and organs. The foundations of this knowledge are most leagued with those which deal with the embryological development of structure, as well as with the deviations which are produced by disease. All are parts of the same process. When we have said that the present is an extremely useful book in demonstrating the intimate structure of normal tissues we can add nothing to our argument.

An Essay on Creation, Comprising the Beginning, Course, and End of Time. By Joseph W. McEwen, M.D. Philadelphia, New York, and Chicago: The F. A. Davis Company, 1900.

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Dr. McEwen leads us into a vast subject in this work. It is one which is necessarily and perenially fascinating to thoughtful minds. At many points these abstruse questions touch the wide periphery of medical science and thought. Therefore it need occasion no surprise if from time the subject is approached from a fresh point of view by one whose training has been in the schools and practice of medicine. This book is not large, and is well worth perusal. In brief chapters the author advances from one end to the other of its course in logical continuity.

Manuel Complet de Gynecologie, Medicale et Chirurgicale. Par A. Lutaud, Professeur libre de Gynécologie, Médecin adjoint de Saint-Lazare; Membre Fondateur de la Société Obstétricale et Gynécologique de Paris; Membre de la Société de Médecine Légale de France; Membre de la Société Gynécologique de Londres, etc. Nouvelle Edition entierement refondue contenant la Technique Operatoire Complète et 607 figures dans le texte. Paris: A. Maloine, Editeur, 1900.

This is a most excellent treatise. Dr. Lutaud is well known to Americans, and quotations from his writings have often been made in the pages of THE MEDICAL BULLETIN. The present volume is conceived and executed in the wisest spirit of a truly conservative gynæcology. The pathology, symptomatology, and differential diagnosis of the various affections of the female generative apparatus are portrayed with a skill that leaves nothing to be desired. Many of the milder conditions are amenable to medical measures or to the procedures of minor surgery. These methods are thoroughly explained by the author without the slightest neglect of those more imposing operations which demand trained surgical ability. The latest devices for dealing with the most serious maladies are to be found in the pages of this book no less than the apparently humbler measures which are serviceable in less grave ailments. It follows that the book is pre-eminently one to be of value to that large class of practitioners in every country who are obliged to rely altogether upon their own resources.

This is the fourth edition of a work which was originally issued in 1883 and which has grown with the growth of the science and with the author's experience. This is, in fact, the manner in which worthy treatises are perpetuated. Successive editions are reflexes of the position and advance of the departments of learning which they represent. An attentive examination of this work has convinced us of its positive merits. The personal experience of the writer has been extensive in his chosen field. He has also enlarged or modified his own impressions by the diligent comparison of the best products of the literature of other nations. The result is a cosmopolitan work which it affords us the highest pleasure to commend according to its deserts and to bring to the attention of our readers and especially to all interested in the development of gynæcology.

The publisher has done his work in admirable style. The profuse illustrations are a decided assistance to the text.

Fractures. By Carl Beck, M.D., Visiting Surgeon to St. Mark's Hospital and to the New York German Poliklinic, etc. With an Appendix on the Practical Use of the Roentgen Rays. 178 Illustrations. Philadelphia: W. B. Saunders & Company, 1900. Price, $3.50 net.

Roentgen's was surely an epoch-making discovery. Its applications have been many and instructive; none more so, perhaps, than in the study of fractures. All surgeons know the dangers which are liable to beset us in the treatment of fractures. In some instances they have been the source of almost as much trouble to the surgeon as to the patient. All must, consequently, hail with satisfaction the application of radiography to the diagnosis and treatment of fractures.

Dr. Beck has produced an extremely interesting book which he has very appro-

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priately dedicated to Wilhelm Conrad Roentgen. With the application of the Roentgen rays and antiseptic methods the surgery of this class of injuries has, indeed, made a remarkable advance.

Much of the matter of the most classical treatises of twenty years ago has been revolutionized. The modern student and practitioner, who is also a student, must acquaint himself with the new methods. Nowhere can he do this to more advantage than in the work of which we now write. For clearness of description, excellence of illustrations, and compactness of statements it is unsurpassed. And what a blessing is the adaptation of sciagraphy to fractures in medico-legal proceedings. In the words of our author: "At present there are no fractures the character of which cannot be established beyond a doubt. But much more has been shown to us by these rays. A glance at the fluoroscope not only gives one an idea of the special type of the fracture, but the situation, shape, and the number of the fragments and their correlation can be clearly ascertained."

A Text-book of Practical Therapeutics. With Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With Special Chapters by Drs. G. E. de Schweinitz, Edward Martin, and Barton C. Hirst. New, Eighth Edition. In One Octavo Volume of 796 Pages, with 37 Engravings and 3 Colored Plates. Cloth, $4.00; Leather, $5.00, net. Lea Brothers & Co., Philadelphia and New York.

In this eighth edition Hare's "Therapeutics" is continued upon the lines originally laid down by the author and which have proved so undeniably successful. With each new issue Dr. Hare has noticed the most worthy and best attested of the more recently introduced remedies, and any extension of the field of the older remedies which may have been demonstrated as of utility. In other words, the author and the book have kept pace with the progress of the times. The publishers have always likewise performed their part with characteristic fidelity. The text of the latest edition is enhanced in worth by the introduction of a number of plates illustrative of the action of drugs.

As in previous editions, a second part of the volume is devoted to a compendious description or outline of the methods and agents of treatment of most of the well-marked diseases which afflict the human system. Copious indexes enhance the usefulness of the book.

A Pocket Text-book of Chemistry and Physics. By Walton Martin, M.D., and William H. Rockwell, Jr., A.B., M.D., of the College of Physicians and Surgeons, New York. In One 12mo Volume of 366 Pages, with 137 Illustrations. Cloth, $1.50, net. Flexible Red Leather, $2.00, net. Lea Brothers & Co., Philadelphia and New York.

This volume is one of Lea's Series of Pocket Text-books. It is needless to insist upon the importance of physics and chemistry in the scheme of medical education. It is not, indeed, requisite that the practicing physician should be intimately and deeply acquainted with those branches of science. He should, however, understand their fundamental principles. He should be imbued with their spirit. The structure and functions of the animal body are constituted and performed in accordance with the laws of physics and chemistry. The composition of foodstuffs and the process of digestion cannot be appreciated without this species of knowledge. The authors of the work before us have succeeded in producing such a manual as is excellently adapted to the needs of the medical student. The principal facts of physics and chemistry in so far as they relate to the human body are here presented in a rational, scientific order, which, accom-

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panied by laboratory work, cannot fail to attain its aim. The book will serve a good purpose, also, as a work of reference for the older men of the profession.

A Text-book of Medical Treatment of Diseases and Symptoms. For the Use of Students and Practitioners of Medicine. By Nestor Tirard, M.D., F.R.C.P., Professor of Principles and Practice of Medicine in King's College, London. Adapted to the U. S. Pharmacopœia by E. Quin Thornton, M.D., of Jefferson Medical College, Philadelphia. In One Octavo Volume of 624 Pages. Cloth, $4.00, net. Lea Brothers & Co., Philadelphia and New York.

This is a work which can be cordially recommended. It is full of instructive matter. It deals with one of the most important subjects connected with medical study and practice. All our training is for the avowed object of the relief or cure of disease. The most profound scientific acquirements, however admirable in themselves, are valueless to the sick if the physician has not the aptitude of applying their principles to the treatment of disease. This aptitude does not always exist. There are men of undoubtedly great professional attainments who, nevertheless, have never learned the art of fully applying their knowledge at the bedside. This is deplorable. Hence we welcome a book like that before us, written by one whose clinical experience is great and whose practical work is of the highest character. Dr. Tirard gives us the principles of treatment of the chief maladies which afflict mankind, together with the method of combating their most formidable symptoms or commonest complications.

A Manual of Obstetrical Technique as Applied to Private Practice, with a Chapter on Abortion, Premature Labor, and Curettage. By Joseph Brown Cooke, M.D., Late Attending Physician to St. Mary's Free Hospital for Children, Outdoor Department, etc. Philadelphia and London: J. B. Lippincott Company, 1900.

This book covers a field of its own, and is of exceptional value to every young physician. It inculcates the methods which must be employed in the care of the pregnant and parturient woman from the earliest periods to the termination of the puerperium. It is written entirely from the stand-point of private practice, and is therefore exactly what is required by the tyro. The author teachers his readers how to care for the patient's welfare through the months of pregnancy, how to prepare the lying-in room, patient, nurse, and physician in such a manner as to secure an aseptic delivery. He dwells carefully on all the details, and his text is plentifully illustrated. The work, as a consequence, is well adapted to serve the purpose for which it was designed.

Atlas and Epitome of Special Pathologic Histology. By Docent Dr. Hermann Duerck, Assistant in the Pathological Institute; Prosector to the Municipal Hospital L. I. in Munich. Authorized Translation from the German. Edited by Ludvig Hektoen, M.D., Professor of Pathology in Rush Medical College, Chicago. Circulatory Organs; Respiratory Organs; Gastro-intestinal Tract. With 80 Colored Plates. Philadelphia: W. B. Saunders, 1900. Price, $3.00, net.

This is a member of the series of Medical Hand-atlases. Its scope, though specialized, is of extreme importance. No better guide can be obtained to this department of study. Its object is to further the knowledge of the microscopical changes produced by disease. Such a book, necessarily, is supplementary to and explanatory of the study of preparations under the microscope. No more than chemistry, can pathological histology be learned from books alone, however excellent they may be. Used in the proper manner, this work will infallibly prove a trusty guide. The beautifully-colored plates are executed in the highest style of art, and are themselves admirable aids to the study of pathology.

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COMMERCIAL NEWS.

Keep Tab on Time.

Believing thoroughly that "a thing of beauty is a joy forever," and that an article of beauty and utility combined is worthy of preservation, the New York Pharmacal Association has prepared for distribution to the medical profession a handsome and artistic *perpetual* calendar, which is now ready for mailing. Instead of presenting a calendar at the beginning of the year, according to the usual custom, the above company prefers the season when the physician is not deluged with all sorts and conditions of chronological recorders, and is thus better enabled to welcome and appreciate such an addition to his office. The new Lactopeptine Perpetual Calendar is not intended for hanging upon the wall, but to stand upon the doctor's desk, and for this reason has a strong easel back to support it. The coloring is exceedingly soft and attractive, consisting of delicate shades of lavender, purple, crushed strawberry, and buff-yellow. The few words relative to lactopeptine are entirely unobtrusive, and do not interfere in the least with the general artistic effect. In the near foreground on either side are two gracefully-draped female figures with flowing hair; around the edges appear the various signs of the zodiac.

One of these calendars will be sent to any physician who may request same.

Whooping-cough.

One of the most common affections of childhood is whooping-cough. This disease is often treated with contempt. Some parents and some physicians hold that it is unnecessary to give these little sufferers any systematic treatment. We believe this view to be most erroneous, and that many deaths result from neglect to exhibit such drugs as are needful. In the treatment of whooping-cough nothing is more important than to relieve the intensity of the cough. Often emphysema results from this cause, and apoplexy may supervene. In all cases where there are prolonged attacks of coughing the patient is sure to vomit, and this may prove a serious matter by lessening the child's nutrition. We have known many instances of severe prostration and emaciation following the vomiting of food after severe attacks of cough. Now, some physicians give these patients opiates. This, we hold, is a mistake, and besides it is needless to derange secretions when the cough may be mitigated by simple and entirely harmless means. It is our custom to give these patients 20 drops of Daniel's con. tinct. passiflora incarnata every three hours during the continuance of the whooping-cough. This remedy makes the cough much lighter, and the protracted spells of whooping followed by vomiting are rarely seen. We are also seriously of the opinion that this remedy greatly shortens the duration of the disease. If one will compare two patients, as nearly as possible, of the same physical power, the one receives this remedy with the one who does not take it, he will see the great benefit which this agent brings to the patients. The one who does not receive the remedy will become more or less emaciated, will have violent attacks of coughing and emesis, while the other gets along with mild expressions of these symptoms. Passiflora (Daniel's con. tinct.) is entirely harmless, and the results which it has uniformly brought us have been most happy indeed.

In using passiflora we employ Daniel's, since it is with this agent we have secured the best results in the treatment of whooping-cough, and because Daniel's is the only preparation that we have found worthy of confidence.

Sulphur as a Preventive of Mosquito-bites.

One of our readers informs us that, having seen a statement in some English medical journal to the effect that sulphur, taken internally, would protect a person against flea-bites, it occurred to him to try it as a pre-

(Continued on Advertising Page 18.)

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INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

WARNER'S SOLUBLE HYPODERMIC TABLETS.

	Per Bot. 100 Tab.	Per Tube 20 Tab.
MORPHINE SULPH., ¼ gr.	85	20
MORPH. AND ATROP., No. 1 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-200 gr.	40	12
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MORPH. AND ATROP., No. 10 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-120 gr.	60	16
MORPH. AND ATROP., No. 11 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-60 gr.	65	17
MORPH. AND ATROP., No. 12 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-120 gr.	65	17
MORPH. AND ATROP., No. 13 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-150 gr.	90	22
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MORPH. AND ATROP., No. 15 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-100 gr.	90	22

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LARGEST PILL FACTORY IN THE WORLD.

ESKAY'S Albumenized FOOD

has been

TRIED and PROVEN

by physicians to be the

IDEAL FOOD FOR INFANTS

and to agree with a larger proportion than any other artificial food.

THE FOLLOWING is one of many similar reports physicians are sending to us in every mail.

"My own baby, which was last summer but a little skeleton and on the very verge of death from malnutrition, was given ESKAY'S ALBUMENIZED FOOD and is now a bright, healthy and happy child, and is taking your food yet with a good relish."

Samples and Clinical Reports sent on application to
SMITH, KLINE & FRENCH CO., Manufacturers, Philadelphia, Pa.

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ventive of mosquito-bites. Accordingly, he began taking effervescing tablets of tartar-lithine and sulphur, four daily. He provided himself with several lively mosquitoes and, having put them into a wide-mouthed bottle, inverted the bottle and pressed its mouth upon his bare arm. The mosquitoes settled on his skin, but showed no inclination to bite him. If this gentleman's experience should be borne out by further trials, it might be well for persons who are particularly sensitive to mosquito-bites to take a course of sulphur during the mosquito season, especially in view of the growing opinion that the mosquito is the common vehicle of the *Plasmodium malariæ*.—New York Medical Journal, May 19, 1900.

Vin Mariani in Exhaustion.

We have had occasion in numerous instances to administer vin Mariani to business and professional men who complained of being gradually run down. The work of the office, the cares and worry entailed by business, and the physical flaccidity brought on by overwork, all seemed to give way completely in a marvelously short space of time, despite the fact that the subjects continued uninterruptedly at their usual occupations. The notable fact to be observed is that in each instance the effect was permanent. But it must not be forgotten that, in order to make this result a lasting one, it is necessary to keep the patient upon a prolonged course in the use of vin Mariani. There is no doubt whatever that this preparation has proved itself a boon to mankind.—St. Louis Medical and Surgical Journal, March, 1899.

Substitution: Cause and Effect.

An unsuccessful preparation or one which has not gained popularity with the physician is never substituted. It is only those articles which have, through their merit, won the esteem and confidence of the medical profession and have demonstrated their therapeutic value which suffer from this evil. Take, for instance, Micajah's medicated uterine wafers, which have stood the test of time and have proved their worth to the doctor as a remedy of exceptional value in the treatment of diseases of women. This preparation was the first local application presented to the profession in the form of a wafer, and should be given the credit for this original and novel form. Solely through merit it has become immensely popular, and, as a consequence, it is most extensively substituted. Therefore, we wish to call our reader's attention to the necessity of carefully specifying "Micajah's medicated uterine wafers" on their prescriptions and insisting upon the same being dispensed, and to the danger of a substitute being foisted upon their patients. Do not be led astray by similar sounding names. To insure results and protect your patient, care should be taken to prescribe the original preparation.

Eskay's Albumenized Food.

Eskay's albumenized food introduced to the profession some years ago in a conservative way, along strictly ethical lines, has attained a well-earned popularity, as it has been found a safe and valuable adjunct in the treatment of the most obstinate cases of nausea, and can be retained by the most delicate stomach. It is also invaluable in cholera infantum and kindred ills, to which children are prone during the heated term, and should have a prominent place in every physician's outfit.

An Elegant Uterine Tonic.

William Geddes, M.D., 1720 Fourteenth Street, Washington, D. C., says: "Aletris cordial has proved in a case of dysmenorrhœa of some years' standing, wonderfully efficacious, and has, apparently, given to the sufferer complete relief. This being the first case in which I have had occasion to try the aletris cordial, and sufficient time having elapsed for me to speak of the permanence of the cure, I can say that I propose to con-

(Continued on Advertising Page 20.)

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A HYGIENIC LUXURY.

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PINE-TAR, AND GLYCERINE.

Tar Soap.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

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A PRIVATE HOSPITAL FOR MENTAL AND NERVOUS DISEASES.

Founded by the Late Robert A. Given, M.D., in 1859.

Extensive and beautiful grounds. Perfect privacy.
Located a few miles west of Philadelphia.

Refers by permission to Drs. H. C. Wood, R. A. F. Penrose, J. M Da Costa, Alfred Stillé, James Tyson, Charles K. Mills, William Pepper, William Osler, Wharton Sinkler, Thomas G. Morton, H. A. Hare, James Hendrie Lloyd, F. X. Dercum, Laurence Turnbull, W. W. Lassiter, Barton Cooke Hirst, John Ouchterlony.

Resident Physicians: { J. WILLOUGHBY PHILLIPS, M.D.
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"It is a standard in my armamentarium."
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MAIZO-LITHIUM

LITHIC SOLVENT DIURETIC

Genito-Urinary Sedative.

Subdues Inflammation of Mucous Surfaces of Urinary Passages. Indicated in Cystitis and Urethritis, Acute or Chronic. Impedes Development of Gonococci.

The chemic union of Maizenic Acid—*from Green Corn Silk*—with Lithium, resulting in MAIZENATE LITHIUM. 2 grs. to drachm.
DOSE—1 to 2 drachms.

"Three Chlorides (HENRY) is my favorite formula."
G. FRANK LYDSTON, M.D.

HENRY'S THREE CHLORIDES.

(*Liq. Ferrisesic Henry*)

A Potent Stimulant to the Glandular System. Promptly Reconstructive in Local or General Disturbances of Hard or Soft Tissue.

TONIC, ALTERATIVE, STOMACHIC.

Indicated in Anæmia, Chlorosis, Specific Invasions, and Convalescence.

Each fluidrachm contains:—
1-8 gr. Protochlor. Iron.
1-128 gr. Bichlor. Mercury.
1-280 gr. Chlor. Arsenic.
Calisaya Alkaloid Cordial.

"The formula of HENRY'S Tri-Iodides commends itself to the profession." A. M. OWEN, M.D.

HENRY'S TRI-IODIDES

(*Liq. Sali-Iodide Henry*)

Resolvent, Regenerant, Antiarthritic, Antirheumatic, Antisyphilitic. Excites Normal Lymphatic Energy, Hastens Waste Elimination, Encourages Resolution, Energizes Iodides and Salicylates.

Colchicina, 1-20 gr.; Decandrin, 1-10 gr.; Solanin, 1-3 gr.; Sodium Salicylate, 10 grs.; Iodic Acid (equal to 7-32 gr. of Iodine), in 2 fluidrachms of Aromatic Cordial.

HENRY PHARMACAL CO.,
LOUISVILLE, KY.

Elixir Phosphorus Comp.

The difficulty experienced in dispensing Phosphorus in a safe, accurate, and agreeable form has for many years been the greatest drawback to the extensive use of this valuable remedial agent. In this preparation all of these objections have been thoroughly overcome; it is absolutely reliable, non-irritating, and very pleasant to the taste. Each fluidrachm or teaspoonful contains one one-hundredth (1-100) of a grain of Free Phosphorus held in perfect solution and of assured stability, keeping without oxidation or change for any length of time. It may also be combined with other preparations, such as Tinct. Nux Vomica, Tinct. Ignatia Amara, Tinct. Cinchona Comp., Elixir Iron, Quinine, Strychnia, etc. The quantity of Phosphorus in each teaspoonful being assured to the Physician, he can readily prescribe this Elixir with confidence and advantage to the patient.

Prepared by **ROBT. T. YOUNG,** *Apothecary,*
1634 CHESTNUT ST., PHILA.

Professor Shoemaker says: "In medicinal doses the action of Phosphorus upon the nervous system is that of a tonic and stimulant. It is useful in nervous debility, neuralgia, sexual excesses, anæmia, paralysis, melancholia, morphinomania, rickets, boils, acne, eczema."—*Vide Materia Medica and Therapeutics*, vol. ii, pp. 8–10.

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tinue the use of aletris cordial in all such cases, and wherever a uterine tonic is indicated."

Cholera Infantum.

Physicians coincide in their views regarding the treatment of the summer diarrhœa of infants and children to a degree that enables it to be thus briefly summarized: Diet, emptying the alimentary tract, antisepsis. For the antiseptic treatment, listerine alone; or listerine, aquæ cinnamon, and glycerin; or, listerine, bismuth, and misturæ cretæ, will meet many requirements of the practitioner during the summer months.

The following well-tested formulæ are submitted:—

℞ Listerine, ʒi-ij.
Simple syrup, ʒvi-vij.

M. Sig.: Teaspoonful every two or three hours.

℞ Listerine,
Glycerin (c. p.),
Syr. simpl.,
Aquæ cinnamom., of each, ℥j.

M. Sig.: Teaspoonful every one, two, or three hours.

℞ Bismuth subnit., ʒss.
Tr. opii, gtt. xx.
Syr. ipecac.,
Syr. rhei arom., of each, ʒij.
Listerine, ℥ss.
Mist. cretæ, ℥j.

M. Sig.: Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.

Thirty-two pages devoted to the management of summer complaints of infants and children may be had upon application to the manufacturers of listerine: Lambert Pharmacal Company, St. Louis.

Relief for British-Boer War Sufferers.

The following letter from the London office of the Antikamnia Chemical Company, under date of March 2, 1900, will be found interesting:—

Dear Sirs: It was suggested to me a few days ago that I should contribute some antikamnia to one of the hospital ships going out in charge of Dr. Conan Doyle and Surgeon O'Callaghan, F.R.C.S., the latter of whom is well known to me, and has a very substantial practice. I have contributed to this hospital ship and to the *Maine*, equally, in your name, the following exact number of ounces, viz.: 12 dozen ounces of antikamnia powdered and 24 dozen ounces 5-grain antikamnia tablets,—in all, 36 dozen ounces,—and I feel certain that you will readily indorse what I have done. This constitutes the first introduction of antikamnia, *in quantity*, to the army medical service of Her Majesty.

February sales show nearly double the volume of sales for February, 1899. Rather a pleasant report to make, is it not? Regular monthly statement by next post.

Yours very truly,
The Antikamnia Chemical Company,
Per J. M. Richards.

REPLY.

St. Louis, U. S. A., March 14, 1900.

Dear Sir: In reply to your favor of March 2, 1900, we beg to say that the contribution of 36 dozen ounces of antikamnia preparations to hospital ships may most agreeably be charged to account of home office.

We must thank you for your timely thoughtfulness in making these donations. We have, on this side also, contributed liberally to the Boer Relief Fund through the local representative, Dr. Emil Preetorius, of this city.

Glad to note your reference to increased sales, etc.

Sincerely yours,
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Frank A. Ruf, Pres.

Sanmetto in Enuresis Nocturna.

Dr. L. L. Gray, of St. John, Mo., reports the outlines of a case of enuresis nocturna

(Continued on Advertising Page 22.)

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treated with sanmetto several years ago. The case was that of a maid, 13 years of age, who had suffered with enuresis from infancy. She was old enough to realize her condition, and keenly felt its effects—acted as though she thought everyone she met knew her troubles, and consequently she was shy, unsociable, ashamed to be seen in company, and strangers would ask if she was entirely sane. He gave her a bottle of sanmetto, told her mother to give her all assurance that it would cure her, if properly taken. A second 4-ounce prescription verified the truth of his statement. He says it did cure her for all time, and to-day she is a perfectly-formed young lady, intelligent and sociable, the downcast countenance gone, and life is again worth living.

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A palatable, liquid combination of thymol, eucalyptol, menthol, methyl-salicylate, baptisia, benzoic and boric acids. It is an admirable antiseptic, and can be used both internally and externally. As an antiseptic dressing to wounds it commends itself to the surgeon. The obstetrician and gynæcologist will find it of great assistance in obstetrics, leucorrhœa, and all other septic conditions of the genital tract. It has been effectively employed in acute gonorrhœa; and as a local application in pharyngitis and nasal catarrh it yields prompt results, and can be employed either as a douche or by means of an atomizer.

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In diphtheria and the sore throat of scarlet fever it has been proved to be a valuable antizymotic.

As a douche to the nasal or vaginal cavities, 1 ounce of benzothymol should be diluted with from 4 ounces to a pint of water. For use in the atomizer, 1 ounce of benzothymol should be diluted with 8 to 10 ounces of warm water.

Its internal administration is advocated in septic conditions of the gastro-intestinal tract, and it can be given simply diluted in water or in combination with the tonic-digestive, pan-peptic elixir. It is of great assistance in the treatment of flatulent dyspepsia, diarrhœa due to the accumulation of fæces, and fermentative changes in the alimentary tract, and its palatability makes it acceptable to delicate persons.

The proportions of benzothymol and pan-peptic elixir for internal administration usually recommended are:—

℞ Pan-peptic elixir, 3 fluidounces.
Benzothymol, 1 fluidounce.

of which the adult dose ranges from 1 to 2 fluidrachms, which should be administered every half-hour or hour until the contents of the stomach and intestines are rendered aseptic, when this aseptic condition can be maintained by doses at longer intervals.

A Caution to Physicians Regarding Betanaphthol-bismuth.

Owing to its toxic action, marked causticity, repulsive odor, burning taste, and intensely irritant action upon the mucosæ, pure betanaphthol is but little employed for internal administration. To obviate these defects and to permit the employment of a most valuable drug, the von Heyden Chemical Works at Radebeul, near Dresden, have prepared a chemical compound containing 80 per cent. of bismuth oxide and 20 per cent. of betanaphthol. The resultant drug is a neutral, non-poisonous, and non-caustic light-brown powder of a faintly-aromatic taste and odor. Experiments made in Professor Nencki's laboratory at the Imperial Institute for Experimental Medicine of St. Petersburg show that it is partly decomposed in the stomach when ingested, and that the process is completed in the small intestine. A small part of the naphthol is eliminated by the kidneys, most of it being

(Continued on Advertising Page 24.)

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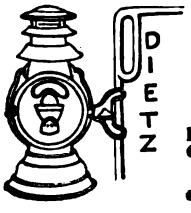

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excreted together with the bismuth in the form of a sulphide with the fæces.

In spite of the toxic properties of the naphthol, betanaphthol-bismuth (orphol) has no injurious effects, and daily doses of from 60 to 120 grains have been administered without occasioning any untoward symptoms. This is due to the slow separation of the naphthol from the bismuth in the gastro-intestinal canal, and the consequent diminution in the rapidity and amount of absorption of the drug.

The genuine betanaphthol-bismuth compound of the von Heyden laboratories is the one with which Drs. R. W. Wilcox and L. Fischer, of New York; D. D. Stewart and H. Engel, of Philadelphia; Edmund Chaumier, of Tours; Professor von Nencki, of St. Petersburg; and a host of other physicians obtained their brilliant results.

The pharmacist who employs the ordinary soluble naphthol in tablets destined for intestinal disinfection ignores the rule that a gastro-intestinal disinfectant must be insoluble as a guarantee against intoxication.

In view of the various opinions that are held concerning the possibility of disinfecting the contents of the alimentary canal, it will not be amiss to quote the following from Prof. A. Jacobi's address on "The Disinfection of the Intestinal Canal," delivered at the Ninety-third Annual Meeting of the Medical Society of the State of New York, Albany, February 1, 1899 (Medical Record, February 4, 1899):—

"Bacteriologists often make the mistake of denying the efficiency of medicinal doses of so-called intestinal antiseptics simply because the bacteria were not killed by these agents; they forget that exceedingly small quantities of these substances might paralyze the bacteria and prevent them from forming toxins, even though powerless to kill these organisms."

Schering & Glatz, of No. 58 Maiden Lane, New York, supply the genuine betanaphthol-bismuth in 1-ounce vials labeled "Orphol" (betanaphthol-bismuth), and bearing the name of the manufacturers, "Chemische Fabrik von Heyden, Radebeul-Dresden," together with their firm-name as sole agents for the United States. To prevent the substitution of other preparations for orphol they also furnish 5-grain tablets of the drug, which are put up in vials containing 50, and are labeled as above. These latter are so pleasant to the taste that they can be readily administered even to children.

Dosage. — For adults, in gastro-intestinal catarrh, bacillary and choleraic diarrhœa, gastritis, dysentery, food poisonings, proctitis, typhoid fever, etc., 15 to 75 grains, or 3 to 15 tablets, daily in divided doses.

For children, suffering from gastro-enteritis, cholera infantum, etc., 2 to 5 grains, or $^1/_2$ to 1 tablet, according to age, may be administered every three or four hours, on an empty stomach. The crushed tablet can be given with a little boiled water, or suspended in syrup, or mixed with honey.

To physicians who cannot obtain orphol or orphol tablets from their druggists they will furnish orphol in 1-ounce vials at $1.00 per ounce; orphol tablets, 5 grains each, 50 in a vial, at 75 cents per vial. Literature furnished on application.

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

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Clinical Lecture.

POLYTRICHIA—ECTHYMA—ACNE.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

CASE I. POLYTRICHIA.

GENTLEMEN: Our first patient this morning is a young woman of 23, who, although otherwise of prepossessing appearance, comes to us on account of a mortifying blemish upon her face. The diagnosis is plain. You can all perceive that the patient is afflicted with an abnormal growth of hair. The excessive hairiness is situated upon the side of the face, and especially in connection with a mole.

This anomalous growth of hair is designated by a number of names. It is known as polytrichia, hypertrichosis, hirsuties, hypertrophy of the hair, and also by other titles which you will find enumerated in your textbook. In the case of this young woman the hair began to grow in excess and in unusual localities about a year ago, when she was recovering from an attack of fever.

Hypertrophy of the hair appears in two forms. In one there is an excessive abundance and length of this appendage, but in normal situations, as upon the scalp, etc. In a second, of which this case is an example, the hair grows on parts which should be uncovered. As you may imagine, this latter form of the affection is very distressing to young women.

This overgrowth is produced by a variety of causes. It is more common in brunettes than in blondes. It is not infrequent in women at the time of the menopause. Among young persons it sometimes, as in this case, comes on after convalescence from a fever. In some instances it accompanies disorders of the nervous system, as injury to a nerve-trunk, paralysis, or insanity.

The chief interest in such a case as this centres in its treatment. Now, if the diseased patch be not too large it can be rapidly removed *in toto* by the use of the knife. The operation, however, will leave a linear scar, and is a more radical procedure than the case demands. Some women resort to shaving, but this process only removes the shaft on a level with the surface, must be constantly repeated, and produces a rough skin. It is, therefore, not very satisfactory.

Then there is a process called epilation, which consists in picking out the hairs bodily and perhaps afterward seeking to destroy the follicles and papillæ by inserting red-hot needles or acid. This entails much pain and is ineffectual. The hair is apt to grow with increased vigor, and the skin becomes thick and rough. Caustics, or depilatories, have been made use of for the same purpose. Arsenic, calcium sulphide, barium

[1] Delivered in the amphitheatre of the Medico-Chirurgical Hospital.

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sulphide, and such substances have been made into a paste and applied to the seat of disease. This method will destroy a part of the hair within the follicles, so that it is a degree better than shaving, but is nevertheless a poor reliance.

There remains an operation which is effectual, although painful, which I employ and recommend, and which shall be performed in your presence. I refer to electrolysis. A fine needle or platinum wire is attached to the cathode of a galvanic battery and introduced into each individual follicle. The anode is held in the patient's hand or pressed against the nape of the neck. I am in the habit of employing fifteen to twenty cells, or milliampères. In operating, the patient should be placed in a strong light. When the needle is inserted, the current is allowed to pass for a few seconds, at the end of which time bubbles appear, indicative of destruction of the hair and papilla. The hairs are removed by the forceps. The number of hairs extracted at one sitting varies from ten to forty. As an average calculation, one hair per minute can be removed.

The same method is efficacious in case of mole, and as here we have a combination of hirsuties and nævus, which is often witnessed, we shall expect to do the girl a double service.

Case II. Ecthyma.

Upon the chin and other parts of the face of this little girl, 9 years of age, are a number of large pustules. The disease began upon the chin two weeks ago. Upon the right hand are the remains of a similar lesion. There is no eruption elsewhere upon the body. The hand has doubtless been infected by being brought into contact with the face. The child is thin, pale, and weak; evidently anæmic.

The characteristic feature of this affection is a pustule. In order to arrive at a diagnosis it will be necessary to pass in review those maladies of the skin marked by pustulation. You will, furthermore, observe that the pustules here present are by no means small, but that, on the contrary, they are quite large. Although they are situated rather closely together, yet each lesion retains its own individuality and stands distinctly apart from its neighbors. Each has a hard base and is surrounded, also, by an areola. The rapidity of their development excludes the supposition of syphilitic origin. Nor are there any other evidences of syphilis upon the person of this child or anything in her medical history lending support to such a theory. She is the victim of neither hereditary nor acquired syphilis. Are we dealing with a case of eczema? No; there is no resemblance to eczema. It is true that in the latter malady we meet with a pustular form. In pustular eczema, however, the lesions are much smaller than those of the present case, and they are so closely grouped that they often coalesce. There remains for us only to distinguish between impetigo and ecthyma. Both are pustular affections, but the pustules upon the little girl now before us correspond to those of ecthyma in being seated upon a hard, inflammatory base and surrounded by a zone, or areola.

Ecthyma may occur either as an acute or chronic disease, but is usually of the latter form. The number of pustules may be few or many, and their characters you have already learned. Its more usual location is upon the extremities. It attacks both sexes and all ages. Its victims are generally poorly-nourished individuals. In that respect the patient before us is no exception. In some instances ecthyma is but an accompaniment to some serious internal disease, as nephritis, diabetes, or scrofula. It has been witnessed during convalescence from typhoid fever. It may likewise be due to local sources of irritation.

In the treatment of ecthyma we must observe the principles of general medicine. In every case seek the cause. If that be identified, our main efforts should be directed toward its extinction or alleviation. If the origin be local, as scabies or pediculosis, the indication is clear to destroy the parasites.

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If it be one of the constitutional troubles mentioned, we must endeavor to relieve the underlying condition. If, as is not seldom the case among adults, ecthyma is a sign of alcoholism, the drink habit must be suppressed. If the cutaneous disease originates in unhealthy surroundings and improper food, we must explain the situation to the patient or parents and try to amend the conditions of life. It is to the last-named influences that we must ascribe the origin of the disease in this little girl. I shall, consequently, instruct her mother to feed her upon a sufficiency of plain, nutritious, and easily-digestible food, and to see that she has an abundance of ventilation in the living and sleeping rooms. In these cases it will often be necessary to prescribe vegetable or mineral tonics, to awaken the appetite, promote digestion, and secure regular movements of the bowels. As regards local measures, crusts are to be removed by the application of oil, poultices, and the action of baths. Ointments or lotions, generally of a mild character, will then stimulate the healing process.

Governed by the foregoing principles, I shall order for this child:—

℞ Unguenti plumbi subacetatis,
Unguenti zinci oxidi, of each, ½ ounce.
Acidi salicylici, gr. xv.
M. et ft. ungt.
Sig.: For external use.

The patient shall be given 20, increasing to 30, drops of the syrup of the iodide of iron three times a day. Under this treatment, if thoroughly carried out by the parent, the girl's general health will improve and at the same time the pustules will gradually disappear. The prognosis is always good except when the disease of the skin is a mere index of some visceral or constitutional affection.

Case III. Acne.

Our next patient is a man, 25 years of age, who has had an unsightly rash upon his face for eighteen months. The eruption first appeared in the form of papules, which he picked at and made worse. Now, although some papules are present, most of the lesions are pustules.

The patient's general condition is infirm. He feels sluggish and tired much of the time. He is a clerk by occupation. He is closely confined, spends little time in the open air or at his meals. His tongue is badly coated and his bowels are constipated. His weight is 125 pounds. He has been living and working in this way for ten years. He suffers for want of physical exercise. His tongue is fissured in the centre, while its tip and sides are unnaturally red. Its papillæ are extremely prominent. The condition of his tongue points to the existence of gastro-intestinal catarrh, with inactivity of the glandular system and organs, including the liver. The glands of the face share in the same stasis. The eruption depends upon these circumstances. It is emblematic of a wide-spread disorder. The disease of the skin is termed acne, and is very common among young people of either sex. It is very apt to come on at the age of puberty, when rapid physiological changes are taking place. At a somewhat later period it may be due to disorder of the generative apparatus. It is also extremely liable, as in the present instance, to occur as a consequence of deranged digestion and defective assimilation. Indeed, one distinguished French observer goes so far as to say that in nearly every case of acne dilatation of the stomach is present. Acne is common and severe among the scrofulous.

Acne is due to disorder of the sebaceous glands. The sebum is generally retained; exudation and suppuration occur, with the formation of papules and pustules. The vessels surrounding the hair-follicles are engorged and distended.

Acne is generally a chronic process, and, according to the nature and size of its lesions, is subdivided into papular, tubercular, and pustular acne. In some cases the pustules develop into actual abscesses of the in-

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tegument, destroy tissue, and produce permanent cicatrices. The various lesions range from the size of a pin's head to that of a bean. The disease is most common upon the face, neck, chest, and back, or, in fact, wherever sebaceous glands are most abundant. Papules denote the mildest variety of the disease, but pustular acne is more common. In many cases papules and pustules co-exist.

Acne requires constitutional as well as local treatment. It would be out of the question, for instance, to expect to produce a good impression in a case like this simply by external means. As long as the condition of the stomach and bowels, liver and other glands, remains unimproved just so long will the acne, which is an outward and visible token of a general glandular disturbance, resist treatment. Here again, as I am constantly repeating to you in reference to the treatment of skin diseases, study to discover the cause. Upon the nature of the cause the management of a case will chiefly depend. When acne is dependent upon disease of the genito-urinary apparatus it will need another line of treatment. In a case like the one before us we must endeavor to assist digestion by every means within our power. We must secure proper action of the bowels and administer remedies for the purpose of maintaining the secretions in a healthy state. The habits must be regulated as regards exercise and diet, in particular. This man, for example, has for ten years been immured in an office during most of his waking hours. His nutrition is depressed for want of an adequate supply of fresh air and oxygen. It is absolutely essential, therefore, that a total change in this respect should be instituted. The man is principally distressed and mortified on account of the disfigurement of the face, but he must be made to understand that, bad though it be, the marred countenance is only a part, and not the most important part, of a general morbid condition. He must arrange his habits, time, or work in such a manner that he shall have several hours daily for exercise in the open air. The bicycle is useful for this class of invalids. Used in moderation, as everything should be, it strengthens the muscular and the glandular systems. It is of advantage, moreover, in making exercise a pleasure. As regards medicines, we give appetizing tonics, digestive ferments, laxatives, etc., in accordance with the origin of the disease and the condition of the patient. The persistent use of minute doses of sulphur is often of benefit by improving the quality of the blood and creating a favorable impression upon the liver. If a patient is anæmic, iron will be serviceable. If the nervous system lacks tone, some form of phosphorus will prove of assistance. The phosphates and the phosphites are usually preferable. Calcium sulphide is often of value in pustular acne, and arsenic, in the form of Fowler's solution, does good in chronic cases of obscure origin.

In the local management of acne hot water is of decided avail. The diseased surface is freely mopped. If there is much pustulation, it is an excellent practice to puncture or superficially incise the diseased area, scoop out the sebaceous plugs, and then encourage bleeding by the application of hot water. I disapprove of the practice, which is so common, of forcibly squeezing out the contents of the pustules by means of the fingers or a watch-key. This simply keeps up a morbid irritation. In the intervals between the local hot baths the surface may be medicated by ointments or lotions. For the most part, these are preferably of a mild or but gently stimulating character, although some old cases, in which action is very sluggish, are benefited by more decided stimulation.

These are the principles upon which acne is to be treated. Applying them to the case before us, I shall order the man a capsule which will place his alimentary canal in better and more normal condition by promoting secretion and allaying the constant inflammation of the mucous membrane. A combination of the following remedies will be of service:—

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℞ Creosoti, *m*ss.
Cerii oxalatis, gr. ij.
Pepsini pur., gr. j.
Strychninæ sulphatis, gr. $^1/_{60}$.
Tinct. belladonnæ, *m*ij.
Podophyllotoxini, gr. $^1/_{10}$.

M. et ft. capsula No. j.

Sig.: One such capsule to be taken after each meal and at bed-time, if needed.

Externally:—

℞ Acidi salicylici, gr. xx.
Olei eucalypti, *m*x.
Acidi borici, ʒss.
Unguenti zinci oxidi,
Unguenti aq. rosæ, of each, ℥ss.

M. et ft. ungt.

The galvanic current is an excellent remedy in acne.

Original Communications.

EPILEPTICS, AND THEIR CRIMINAL RESPONSIBILITY FROM A MEDICO-LEGAL STAND-POINT.

By T. G. Stephens, M.D., Ph.D.,
SIDNEY, IOWA.

"Epilepsy is a chronic disease of which the characteristic symptom is a sudden trouble or loss of consciousness, this change being occasional and temporary, sometimes unattended by any evident muscular contractions, sometimes accompanied by partial spasm, and sometimes by general convulsions." Previous to the dissections of M. Wentzel it was generally thought that the cerebrum is the chief seat of the proximate cause of epilepsy, but in a great proportion of heads which he examined that author found the cerebrum perfectly sound, while the cerebellum was uniformly in a diseased condition. The part of the cerebrum he found most frequently affected was the pineal gland: a body not as large as a pea, formed like a pine-apple or the cone of a pine-tree, and is liable to pathological changes, it may become hypertrophied and hard, or be the seat of small crypts or may participate in inflammatory changes involving adjacent parts, and the later researches of Dr. Schroeder Van der Kolk have shown the existence of disease in the pituitary body, in the white substance of the brain, and in the medulla oblongata. The pathological changes in the pituitary body are simple inflammation extending from adjacent parts, as well as tubercular and syphilitic inflammation. The changes in the spinal cord are, with one exception, like those in the corresponding membrane investing the brain. The dura mater spinalis is not adherent to adjacent bones, and does not form their periosteum as does the corresponding membrane in the cranium.

The pathology of epileptic insanity has never been made clear, but remains in obscurity. According to Dr. Clouston, who has examined numerous cases of this disorder, "there is no special lesion or abnormality." Among other lesions he has found spiculæ of bone from the skull-cap and membranes pressing into the convolutions; apoplexies; destructive lesions of the brain of all kinds and in all places; embolisms, fatty and otherwise; adhesions of the pia mater to the convolutions; the marks of traumatic injuries of all kinds and in all places; unequal hemispheres; and congestions of all sorts and in all places. This author does not believe that the source of irritation in epilepsy exists in the pons and medulla oblongata, but thinks that it is far more apt to be caused by an irritation of the motor area of the convolutions. (Reese, "Medical Jurisprudence and Toxicology.")

In chronic cases post-mortems have revealed thickening of the bones of the skull, close adhesions of the dura mater, with great congestion of the pia mater and opacity and thickening of the arachnoid membrane. As a predisposing cause, hereditary taint has been found to exist in at least 30 per cent. of the cases and is said to be more frequently transmitted on the father's than on the mother's side; but this is contradicted.

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The causes are various: physical eccentric irritation, general organic changes, and physical influences. Reynolds says we must, therefore, admit the disease to be what is termed "functional." It is believed that nutrition is changed, but that the alterations of structure are too fine for detection by our present modes. Sometimes an outbreak of mania precedes or takes the place of an epileptic attack; and it may happen that a painful form of moral derangement with periodical exacerbations—a masked epilepsy—precedes for months the appearance of the genuine epileptic convulsions. Maudsley says epilepsy is sometimes followed by a most violent and dangerous mania, and when of long standing produces loss of memory and general failure of intelligence.

Some medical authorities have attempted to draw a distinction between insanity and unsoundness of mind. The law, however, seems to admit some sort of distinction, for, according to Chitty, it is a criminal and indictable act maliciously to publish that any person is afflicted with insanity, since it imputes to the party mentioned a malady generally inducing mankind to shun his society; although it is not libelous to say that a man is not of sound mind, because no one is of a perfectly sound mind but the Deity.

Bodily disease or incapacity does not affect the validity of a will, unless the mind be directly or indirectly disturbed by it. In the case of Howard V. Barber, decided by the Privy Council in 1841, a will was pronounced to be invalid owing to the general state of bodily disease in which the testator was at the time of making it. It appears he was laboring under an attack of erysipelas and fever, and this condition had produced a drowsiness and stupor which rendered him incompetent to the act. In the case of Day epilepsy was alleged to have affected the mind; and in the case of Bluitt paralysis was adduced as a ground of incompetency. In all cases of this kind the law looks exclusively to the actual effect of the bodily disease upon the mind, and this is commonly a purely medical question. In the case of Penfold and Crawford it was shown that the testator had lost his speech from an attack of epilepsy; but it was proved by medical evidence that his mental powers were good, and therefore a deed made subsequently to the attack was held to be valid. (Taylor's "Medical Jurisprudence.")

The law of England recognizes two states of mental disorder, or alienation: (1) dementia naturalis, corresponding to idiocy; and (2) dementia adventitia, or accidentalis, signifying general insanity, as it occurs in individuals who have once enjoyed reasoning power. The main character of insanity in a legal view is said to be the existence of delusions: *i.e.*, that a person should believe something to exist which does not exist, and that he should act upon that belief. Some of these patients have memory, but neither judgment nor reasoning power, and in all cases of perversion of intellect the criminal should be treated with more compassion than vengeance. Hereditary predisposition is one of our worst hindrances in the treatment of mental alienation, as it generally shuts off the entire prospect of successfully curing the patient. *Petit mal* is also less amenable to treatment than the severe form, and is pretty sure to produce an impaired mental condition.

Neurologists are generally agreed that those cases where attacks occur rapidly are more amenable to treatment than those which take place at long intervals. Medical jurists have commonly treated insanity under four distinct forms: Mania, monomania, dementia, and idiocy. Mania literally means that the individual is subject to hallucinations and illusions. The former are those sensations which are supposed by the patient to be produced by external impressions. Illusions are the false impressions produced by the false perception of objects. There are two forms of insanity, called, respectively, moral insanity and intellectual insanity: the former manifests itself under the form of a wild, reckless, and cruel disposition, to distinguish it from the other form,

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which affects the mental powers. But we are digressing. While epilepsy is a disease, idiocy is not. An idiot's intellectual deficiency is marked by a peculiar physiognomy: absence of all expression, with a vague and unmeaning look whereby an idiot may, in general, be clearly identified, and is characterized by the want of mental power, being congenital.

Hereditary transmission: Epilepsy, like other affections having hereditary tendencies, may occur in one generation and disappear in the next to return in the third. The children of drunken parents and of those who have been married late in life are said to be more subject to insanity than those born under other circumstances.

Most medico-legal writers agree that we are never justified in ordering restraint except when, from the symptoms, we have reason to apprehend that the lunatic will injure his person or property or the person or property of others. The great feature of insanity is change of character, a typical case being that of the Chaldean king, Nebuchadnezzar, who was driven from men and ate grass as oxen and his body was wet with the dew of heaven till his hairs were grown like eagles' feathers and his nails were like claws. A man may have always had a violent temper, subject to occasional fits of aggravation, and have no mental disease. Insane persons often have lucid intervals; a lunatic may act rationally and coherently, yet his brain is in an excited condition; and he labors under a greater disposition to a fresh attack of insanity than one whose mind has never been affected. Some time since a case occurred in France in which a will was contested on the ground that the testator, when he executed it, was laboring under hemiplegia. The opinion of Esquirol was demanded, and he said that hemiplegia might undoubtedly affect the brain, a fact clearly indicated by the sight, hearing, and other senses becoming weakened, yet this, in his opinion, did not necessarily indicate impairment of the understanding (Taylor). The foregoing considerations lead to the inference that there are no legal or medical rules whereby homicidal mania can be detected. Each case must be determined by the circumstances attending it; but the true test for the responsibility in these ambiguous cases appears to be whether the individual at the time of the commission of the crime had or had not a sufficient power of control to govern his actions. If, however, he was led to the perpetration of the act by an uncontrollable impulse, or, in other words, by an impulse which his mental condition did not allow him to control, whether accompanied by deliberation or not, then he is entitled to an acquittal as an irresponsible agent.

We now pass to the consideration of the State of Iowa *versus* Savone Callihan, who was born in the State of Virginia in the year 1876 and possessed ordinary intelligence until he was eight or nine years old, when he began to have spells of whistling or would blow, sometimes would turn around rapidly, and say that he was dreadfully sick; would sit down and in a few seconds the spell would disappear. Such attacks gradually increased in frequency and in severity. His parents thought that perhaps they were caused by worms, and treated him for the same and procured expulsion of a great many; but this did not relieve him of his malady. He would often have, with some of these symptoms, others while asleep, and would be unconscious of them until awakened and told. Every indication in this case went to show that it was a case of *petit mal*. Dr. West says: "I have observed the *petit mal*, as it is termed, continue in children for a period of several months and finally issue in regular epileptic seizures." He further says stupor more or less continuous, but now and then a state of excitement, precedes the sleep, which, but for the tender age of the patient, would be identical with the temporary mania which sometimes follows the epileptic seizure in the adult. It is to be remembered that there are two forms of epilepsy, *petit mal* and *haut mal*. This young man is at present suffering from both

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forms and has been for years. At first he only had the former, which is the least amenable to treatment. When six years old he fell from a ladder the distance of ten feet, alighting on his head. Complete epileptic seizures never presented themselves until the last two or three years, but his whirls continued. His temper remained good until a few years ago, but now, for at least a week before a seizure, he is easily angered. In consequence of faulty training, bad associations, and the power of temptation, he chose the evil; yet he is fully responsible for the choice, with all its consequences, provided he possesses, at the time, a healthy mind. He has had illusions, or false mental impressions. Real things to him were distorted. Hallucinations to him are also perverted perceptions, but without material basis. If the individual is able to correct them by his judgment or by reference to his other senses they are of no significance, but if they are firmly believed in they indicate a deranged mental condition. The criminal is at present suffering from both forms of epilepsy,—epilepsy gravior and epilepsy mitior,—and has reached that period in the disease where his mental aberrations become full of delusions; that is, he believes things to exist that do not exist; he has memory, but neither judgment nor reasoning power. He has some hereditary taint: his grandmother on his mother's side had epilepsy. The present case hinges on intellectual alienation, or insanity.

Epilepsy and idiocy are frequent complications; while the former is a disease, the latter is not. It may be asked why, if he were insane, was he permitted to run at large? Most medico-legal writers agree that we are never justified in ordering restraint unless from the symptoms we have reasons to apprehend that the lunatic will injure his person or property or the person or property of others. This young man had lucid intervals, and acts rationally at times when not disturbed; but his brain is always in an excited condition; the least excitement causes him to lose all power of control over his actions; he does not have the power to choose between doing and not doing, the power being solely lost through disease, and not through temporary inebriety or violent anger—the fault being a disturbed mind. A man who was a patient in the out-door department of the New York State Hospital for Diseases of the Nervous System, and who had been treated by Dr. Mason for epilepsy for a long time, was subsequently discharged, as it was supposed, cured. A month or two afterward, having an attack which was undoubtedly epileptic mania, he pursued his wife through the streets, and, drawing a pistol, shot her through the heart. (Hamilton, on "Nervous Diseases.")

The days when epilepsy was considered to be a disease apart from insanity have passed away. Epilepsy is regarded as very closely allied to insanity; and is but one branch of the nervous tree; some members of the same family have one form of mental disease and another member a different form; one twin sister may have epilepsy and the other be insane. Emperor Ferdinand, uncle and predecessor of the present ruler of Austria-Hungary, was a driveling imbecile, reduced to that state by the epilepsy which is the curse of the house of Hapsburg, and he was forced to abdicate because it had become impossible for him longer to conduct the affairs of state.

In the case of the State of Iowa *versus* Savone Callihan the prisoner was acquitted, adjudged insane, and placed in an asylum.

KO-SAM: A NEW SPECIFIC FOR DYSENTERY.[1]

By Dr. Ph. Chapelle.

For some time we have been reading praises of a new drug called ko-sam, which is thought to be a specific in dysentery. M. Dybowski was the first to publish—in the Revue des Cultures Coloniales for January

[1] Translated for The Medical Bulletin from La Tribune Médicale, Juin, 1900.

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5, 1900—an extended article upon the drug. His paper was copied by the Politique Coloniale and Le Matin. This memoir related a series of remarkable results obtained since 1893 by Dr. Mougeot, a practitioner of Saigon. The latter himself published his observations in the Revue Médicale du Nord-Est of March 15, 1900.

Ko-sam is not, properly speaking, a new substance. It has long been mentioned in classical treatises, and especially in "The History of Plants," by Ballon; "Drugs of Vegetable Origin," by Planchon and Collin; "Medical Natural History," by Cauvet; "Families of Plants," by Engler; "Genera Plantarum," by Hooker and Bentham, etc. All these authors, however, write of it only by its scientific name, *Brucea Sumatrana*, without mentioning the title *ko-sam* employed by the Chinese.

M. Dybowski availed himself of the collections of the museum in order to identify ko-sam with *Brucea Sumatrana*. Professors Heckel and Schlagdenhauffen arrived at the same conclusion by comparing their specimens, which they received from Dr. Mougeot, with the figures accompanying the descriptions of *Brucea Sumatrana*, in the "Pflanzenfamilien" of Engler. This plant, which has a very wide geographical distribution, is also known by the Annamite name of *fan-dan-rung* (Répertoire de Pharmacie).

The drug designated by the title of ko-sam has long been known in Europe, though not employed in medicine. The communications of Dr. Mougeot, therefore, possess a considerable interest. This writer was not able to determine the botanical species to which ko-sam belongs or its exact geographical origin. The Annamite physicians from whom he obtained his supply were either not able or not willing to give him any information on the subject. However this may be, Dr. Mougeot knew the use to which it was put by Chinese and Annamite physicians in hæmorrhages, and administered it for the first time to an Annamite woman who was brought into the central prison at Saigon. She was attacked by metrorrhagia complicated by a rather severe dysentery. For this woman he prescribed ko-sam according to the Annamite manner, with the intention of subsequently attending to her dysentery. When he returned, however, at the end of six hours the metrorrhagia had almost ceased and the dysentery was much better. On the following day, the improvement persisting, he ordered a second dose of ko-sam. After four doses the patient was completely cured. He promised himself to continue his observations as soon as he should meet with a case of pure dysentery, and the opportunity was not long delayed. On the next day he had occasion to treat an old native of 66 years, who was cured in three days.

From this time Dr. Mougeot employed the drug constantly among the natives, and had scarcely any failures. He resolved to make use of it also among Europeans, notwithstanding their marked prejudice against Annamite medicines. He was attending two children suffering from dysentery, and proposed to the father that ko-sam should be given. The father consented. The cure was speedy, and astonished the Europeans, many of whom consented to have their children treated in the same way.

Henceforward Dr. Mougeot employed ko-sam in all the cases of dysentery which he encountered among the 400 French or native pupils of the Collège Chasseloup-Laubat and among the 1200 inmates of the Central Prison of Saigon, as well as among a large number of patients in the city. It was a great exception when failure occurred.

Out of 1273 cases included in his statistics, 384 were lost sight of for various reasons. The 879 cases which could be followed up gave the following results:—

Seven hundred and ninety-nine were completely cured after a period of from three to six days.

In 57 cases fifteen days of treatment were required in order to obtain a complete cure.

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There were 45 patients who were too weak to be taken care of in the prison and who were sent to the hospital without notable amelioration. Eight cases were absolutely rebellious to treatment.

Native physicians administer very variable doses. They give from 5 to 45 grains, not always without rather serious congestive accidents. They administer the grains decorticated or not, parched and powdered, or mixed with rice.

Dr. Mougeot, being entirely without precise indications, hesitated for a long time as regards the preferable method of administration. Having ascertained that 20 or 25 grains sometimes occasion cerebral congestion, he came to the conclusion that a dose of 10 grains the first day and 12 grains on the following days was sufficient for adults. The quantity was diminished by half for children. He crushed the grains, and had them made into pellets with bread-crumbs. He witnessed occasional, but not severe, vomiting. As a rule, a fresh dose could be given immediately after the vomiting, provided that warm applications were at the same time made to the epigastrium. For some time he gave the remedy early in the morning, about four or five o'clock, together with a swallow of milk, and required the patient to rest in bed for an hour. Blood generally disappeared from the stools on the first day, and the pain was allayed; the number of evacuations then diminished, and cure resulted on the third or fourth day. The treatment does not necessitate any regulation of the diet, but, on account of its energetic hæmostatic action, the remedy should be suspended during the catamenial period.

The Chinese, who employ ko-sam exclusively as an hæmostatic, regard it as a violent poison. Dr. Mougeot, however, has never witnessed anything more severe than congestion, in some instances, consecutive to excessive doses.

These remarkable results led to the study of this drug by Professors Heckel and Schlagdenhauffen from the three points of view: botanical, chemical, and bibliographical. (Répertoire de Pharmacie, April 10, 1900.)

The high authority of these authors stamps their paper as of the first rank. The close affinities of ko-sam to the *Simarubæ* led them to suspect, *à priori*, that its bitterness was due to the presence of quassine, and this assumption was verified by chemical analysis. Furthermore, it corresponds equally to the description of *Brucea antidysenterica*, an African species, known in Abyssinia under the name of *woojinoos*. These two species are, in fact, mentioned conjointly in most treatises, and the antidysenteric properties of *Brucea Sumatrana* are therein recognized.

"The genus *Brucea*, localized in the old world (tropical Asia, Australia, and Africa) includes five or six species, represented by trees or, generally, medium-sized bushes. They are in Europe raised only in hothouses. The two oldest-known species are the *Brucea antidysenterica* (Mill.) and the *Brucea Sumatrana* (Roxb.), to which have been attributed for a long time specific virtues in dysentery, as is indicated by the name of one, and as we shall soon more amply establish for the other plant. These two species have very intimate relations, although their geographical habitat is so different. The first is essentially an African species (Abyssinia, Cameroons) and the second is of Indo-Asiatic origin (Malasia, Australia, and southern China).

CHEMICAL ANALYSIS.—The bruised fruit was treated successively by carbon sulphide, chloroform, alcohol, and water. The following table represents the percentage result:—

Extract by carbon sulphide....	55.140
Extract by chloroform.....	0.413
Extract by alcohol.....	6.972
Extract by water.....	20.500
Insoluble residue	16.975
	100.000

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The carbon-sulphide extract is a yellow oil, of specific gravity 0.912.

This oil is colored by the action of the sulphuric acid, alone or added to other oxidizing agents.

The chloroform extract is partially soluble in water. The residue is of resinous nature. The portion soluble in water, to which it communicates its bitterness, is quassine, which crystallizes by evaporation of the substance in the presence of a little hydrochloric acid.

The alcoholic extract is also partially soluble in water. The insoluble portion consists of nitrogenous material. The soluble portion contains principles of the same nature, as well as a certain amount of glucose, saccharose, quassine, saponin, and another bitter substance, colored blue by chlorine-water and violet by concentrated sulphuric acid. The authors are in doubt regarding the nature of this last body, which they have not been able to study more completely on account of the small quantity of the substance at their disposal.

The watery extract contains no starch. It consists of gums.

The insoluble residue is composed of nitrogenous substances united with calcium and sodium, cellulose, lignose, etc.

The ash of the pericarp contains a small quantity of manganese, and whitens much more readily than that of the grain, which is destitute of that metal. The authors call attention to the fact that they have often announced this difference of composition between the ash of grains and that of their teguments and pericarps.

As regards former knowledge of the medicinal virtues of ko-sam, Heckel and Schlagdenhauffen allude to several writers who had made mention of the drug.

Cauvet ("Histoire naturelle médicale," Paris, 1869) says: "The cortex of *Brucea antidysenterica* (Mill.) is employed in Abyssinia in dysentery. It is very bitter, and provokes intense thirst. . . . *Brucea Sumatrana* (Roxb.) possesses the same properties."

Engler ("Pflanzenfamilien") writes: "All the species of the genus *Brucea* are bitter. The cortex and the fruit of the *Brucea antidysenterica* are employed with success in diarrhœa and fevers. All parts of the *Brucea Sumatrana* are utilized in the East Indies as gastric tonics and in dysentery, fevers, and against intestinal worms."

Courchet ("Traité de Botanique") says: "*Brucea antidysenterica*, an Abyssinian species, is used in dysentery and rebellious intermittent fever. *Brucea Sumatrana* possesses similar properties."

Dujardin-Beaumetz and Egasse ("Plantes medicinales indigènes et exotiques") express themselves as follows: "The cortex of the *Brucea antidysenterica*, which was formerly confounded with that of the nux vomica (whence the name brucine given to one of the alkaloids contained in the latter) has no toxic influence. It is a bitter tonic, employed in Abyssinia, especially in dysentery. The powdered bark of the root is given. *Brucea Sumatrana* (Roxb.) has the same properties as the preceding species, and has been described as a bitter tonic and febrifuge."

Heckel and Schlagdenhauffen are of the opinion that the therapeutical results will be obtained most surely by using the bark of the trunk or root. The large amount of fatty matter contained in the grains is rather an inconvenience.

The conclusion to be drawn from all these facts is that ko-sam appears to act principally by virtue of the quassine and that its properties have long been known.

Nevertheless, without the publication of Dr. Mougeot's cases, what practitioner would have thought of having recourse to this agent? As Dr. Capitan has judiciously said: "In order to obtain a trial for any new therapeutical agent it is necessary to cry loudly and long and *non in deserto*." It is desirable that clinical experiments be made with ko-sam in temperate climates, where genuine epidemics of hæmorrhagic enteritis, rebellious to treatment, often prevail during the hot season of the year.

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Abstracts.

Affections of the Auditory Nerve in Influenza.

At a meeting of the Austrian Otological Society Alt related the case of a girl, 16 years of age, who had been attacked fourteen days previously with headache, fever, prostration, and considerable swelling of the left half of the face. On the second day of the disease the face was immovable and the mouth was drawn to the right. On the next day buzzings began in the left ear, and there were very decided vertigo and deafness on that side. The vertigo was particularly aggravated when the patient attempted to rise in the bed. She was obliged to resume at once the horizontal position. The progress was uncertain and vacillating. The patient was unable to balance herself upon one foot, especially when her eyes were closed. The fundus of the eye was normal, and there was no other symptom of disease of the cerebral nerves. Both membranæ tympani were normal. Hearing was unaffected upon the right side. The whispering voice was heard for a metre (a little more than a yard) upon the left side. The Weber sign was lateralized upon the right. The Rinne test was positive upon both sides. The osseous conductibility was diminished upon the left, sharp being better perceived than grave sounds. The author believed that the case was one of neuritis of the auditory nerve analogous to that of the facial, from which the patient suffered at the same time.—Revue Hebdomadaire de Laryngologie, etc.

Abrupt Commencement of Typhoid Fever.

At a meeting of the Medical Society of the Hospitals Widal reported seven cases in which typhoid fever had an abrupt beginning. The attack was ushered in by chills, intense headache, and very high fever. In some cases there was pain in the right iliac fossa, suggestive of appendicitis. In one case there was vomiting from the beginning, probably because the disease developed during the period of digestion, as has been observed in pneumonia.—La Tribune Médicale.

Erythema Nodosum and Septic Ophthalmia.

M. Colombe made a communication to the Society of Medical Sciences of Gannat concerning a case of much interest. He had been called to Fumoux to see a little girl who, without appreciable cause, was threatened with the loss of an eye. The child was 8 years of age, and had been ill for eight days with fever, prostration, and pain in the lower limbs. On the next day her eye was red, there were lacrymation and sensitiveness to the light. He recognized the presence of some tubercles upon the feet, legs, and thighs, and the joints were sensitive to pressure. The right elbow and both wrists were painful and swollen. The knees, also, were swollen. The heart was normal. There was a generalized, but not very severe, bronchitis. The urine contained a notable amount of albumin. Dr. Rastide, called in consultation, found, as regards the eye, that the conjunctiva was slightly inflamed; that there was a light inflammatory circle around the cornea; that the iris was somewhat dull and projected forward; the anterior chamber was shallow; the pupil was dilated, but unaltered in form, of a yellowish color, with a brilliant reflection; the ocular tension was weak; there was no pain upon pressure; and there was a slight photophobia. The diagnosis was metastatic or infectious choroiditis. This disease is caused particularly by typhus fever, cerebro-spinal meningitis, puerperal fever, pneumonia, grippe, scarlatina, variola, and erysipelas. It has never been described as associated with rheumatism even of the infectious variety. The ocular manifestation is nevertheless noted as a frequent attendant of infectious processes of the same nature, especially abscesses in the articulations and subcutaneous cellular tissue. "The micro-organisms cited are the streptococcus, the staphylococcus, and the

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pneumococcus. In one case of Panas no germ was found. Four times out of five the affection in unilateral."

There existed, then, on the one side, an erythema nodosum: a syndrome rather than a distinct malady, produced by multiple and often associated causes, according to Besnier. The characteristic manifestations—subcutaneous nodosities and erythema—were so distinct upon the eighth day as to leave no room for doubt. They were accompanied by generalized bronchitis, articular involvements, and pyelonephritis: concomitant affections which are very often observed and which reveal their infectious origin. On the other hand, a septic ophthalmia was present, the relation of which to the preceding malady appeared evident to M. Colombe.—Recueil d'Ophtalmologie.

Sudden Deafness Following Fever.

At a meeting of the Austrian Otological Society Dr. Hammerschlag reported the case of a girl, 17 years of age, who had always enjoyed good health and good hearing, and who was attacked by pain in the middle of the right side of the breast. On the following day her menses appeared. On the same day, also, she experienced violent pain in the occipital region, vomiting, and fever. She suffered, moreover, from severe vertigo. Objects seemed to turn from the right to the left. When in bed she had the sensation that she was going to sink. Buzzing in the ears likewise developed. Hearing did not begin to fail until the third day. At this period she entered the clinic of Dr. Neusser. The fever, vertigo, and buzzing persisted, and there was an abundant eruption of herpes upon the face, especially upon the lips and about the nostrils. The thoracic and abdominal organs were normal. Upon the trunk and the limbs were numerous rose-colored spots, which disappeared under pressure, and there were furthermore much larger spots, scattered irregularly upon the surface and of an intense red color. The cerebral nerves, with the exception of the auditory, were unaffected. The fundus of the eye was normal on both sides.

When the patient was first seen by the author she had neither vertigo nor any uncertainty of movement. She could hold herself upright and turn around with her eyes closed. Every movement which demanded a change of equilibrium, however, was impossible. An attempt to pick up, while balancing herself upon one foot, small objects thrown upon the floor was a complete failure. Both membranæ tympani were somewhat opaque and depressed. The reflex produced by tickling the auditory canal was a little diminished upon the right side. The Weber sign was localized in the head. The Rinne test was negative upon both sides. The diapason C^2 was heard upon both sides only when strong vibration was made, and there was even then perhaps a confusion with the vibratory sensations of the concha. Deafness was complete even for the forced voice and vowels. The watch was heard only by the osseous route. The diapason strongly struck and applied upon the mastoid process was only heard for a very short time.

Examination of the nerves by von Frankl gave a negative result. The patient was treated by means of pilocarpine for three weeks without effect. It was but lately that the author had made an electrical examination and found that the auditory nerve responded better to short than to prolonged currents. There was no exaggeration of the irritability of the nerve.

Hysteria and true bilateral Ménière's disease could be excluded in this case, which came on after an acute fever. Apoplectiform hæmorrhage into the labyrinth could likewise be eliminated. The most plausible hypothesis was that of von Frankl, with whom the author agreed, who suggested that the deafness was due to an internal otitis of the labyrinth. The whole disease would seem to be a masked form of epidemic cerebro-spinal meningitis. This variety displays itself, according to Haug, by a moder-

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ate fever of short duration, and within the space of three or four days by slight signs of cerebral irritation,—nausea and vomiting. The symptoms relating to the semicircular canals, the ataxia, vertigo, and nausea, gradually disappear, while the deafness remains complete.—Revue Hebdomadaire de Laryngologie, etc.

Syphilitic Condylomata of the External Ear.

At a meeting of the Austrian Otological Society Dr. Singer presented a patient who had been afflicted with condylomata involving the concha. According to Neumann, these lesions occur, although very rarely, upon parts of the body at some distance from mucous surfaces, the excrescences reposing upon proliferated papillæ and a vascular formation, presenting themselves as vegetations of a livid red color, hard, sometimes ulcerated and sometimes not, scattered here and there upon the surface. The syphilitic condyloma is one of the rarest forms of papular syphilis. It is seen particularly upon the hairy parts of the body, as the head and beard, although it occurs in other situations, as the lips, chin, nose, and concha of the ear. The outgrowths are sometimes very large and bleeding, covered with scales and crusts. After they have been removed the surface is seen to be studded by enlarged papillæ.

The patient had been married for a year and infected for three months. The condyloma had developed soon after a chancre upon the penis. Upon the left parietal region and the occiput were three hemispherical tumors, the size of a peach, covered with dirty-yellow crusts. These were composed of cornified cells, pus, and clotted blood, and were adherent only to the periphery. The surface beneath was rough, fissured, lobulated and vegetating, secreting a viscid and fœtid fluid. The hair of the affected part was lost or appeared as isolated and stiff tufts. The tumors were sharply distinguished from the healthy skin around them, attaining a height of one and one-half to two centimetres (one-half to three-fourths of an inch) and sprouting outward so as to be larger at the summit than at the base. At the orifice of the left nasal fossa was a growth the size of a bean, of a whitish-gray color, moist, and covered with crusts. There were numerous mucous patches in the mouth. Upon the right forearm and the forehead were cicatrices or projections caused by the same kind of growths.

The concha of the left ear and the entrance of the auditory meatus were occupied by a moist, confluent, papillary vegetation of a reddish-gray color, lobulated, framboesiform, and the size of a walnut. The tumor was but slightly sensitive to contact. The auditory canal was, to a large extent, obliterated. There flowed from it a rather abundant purulent secretion, which contained epidermic cells and simulated an otitis externa, the resemblance being the greater in that the patient experienced quite sharp pain. It was on account of the pain, in fact, that the man had come to the clinic. He stated that the disease of the left ear had begun two months previously, in the form of a small nodule at the entrance of the canal and upon its lower wall. He scratched it and continually picked off the crust which formed. The discharge had only commenced four weeks later, and was accompanied by violent pain. Hearing was considerably diminished upon that side. The right membrana tympani was normal, and hearing was unaffected upon the right side.

All the evidences of syphilis were present upon the ear and other parts of the body. Such cases should always be referred to the otologist, for, as in this instance, the middle ear may be involved. These specific suppurations present nothing to distinguish them from non-specific otorrhœa. The otorrhœa was secondary to the condyloma. Syphilis of the external ear is comparatively rare, and little has been written upon the subject. Out of between 9000 and 10,000

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patients Knapp found syphilis of the auditory canal only 4 times.

Gonorrhœal Thrombosis and Phlebitis of the Retina.

At a meeting of the Ophthalmological Society of Paris Dr. Galezowski said that, from a study of ocular thrombosis in which he had been engaged for several years, he had satisfied himself by numerous examples that the sudden and spontaneous loss of sight which had been attributed to a morbid coagulum, fibrinous or other, coming from the heart or aorta, is, in reality, produced only by an obliterating change in the vessels of the retina. This is the origin of partial or total thrombosis of the optic nerve or the retina. These observations are confirmed by many researches. They have been completed by the minute examinations of the heart and aorta by Potain and Dieulafoy, to whom he had referred patients with troubles of sight similar to those due to embolism. The speaker drew attention to some very important facts, which not only complete his studies of thrombosis of the retina, but also tend to demonstrate that obliteration of the retinal vessels may be produced under the influence of generalized gonorrhœal infection,—a disease of the blood.

As far back as 1878 Morel, in his inaugural thesis, gave reasons for believing that gonorrhœa was not always a local malady, but might be carried into the system. To-day bacteriology gives us evidence of the presence of gonococci in collections of pus in the peritoneum. These microorganisms may, in certain cases and certain individuals, enter the blood and subsequently localize themselves in different parts of the body. As far as the speaker was aware, Professor Potain was the first to announce the possibility of an aortic complication in gonorrhœa. There is, likewise, according to the same authority, a gonorrhœal arteriosclerosis, analogous to that found in diphtheria, typhoid fever, and even influenza.

If the great vessels, aorta and heart, may be attacked by gonococci, nothing is more natural than to connect retinal thrombosis with gonorrhœal inflammation in persons suffering from complications of that disease in the joints or any other part of the body.

Deutschmann has described gonorrhœal rheumatism complicating gonorrhœal ophthalmia. Bujwid has seen gonorrhœal pyæmia in the course of an ophthalmia. Dr. His has demonstrated the presence of gonococci in the heart. The researches of Wertheim are still more important; he has shown that the gonococci may be found in the interior of capillary vessels. Martel has described gonorrhœal phlebitis.

Dr. Galezowski proceeded to relate the case of a man who had had gonorrhœa for years, with several attacks of rheumatism and sciatic pain. He was 49 years of age, and consulted the speaker on account of a sudden loss of sight, which had occurred a few weeks previously. He stated that he had never had syphilis, but had been troubled for more than ten years by a gonorrhœal discharge of which he could not be cured. Five years before he had begun to suffer from very violent sciatica. He was subject to these painful attacks for more than a year. Recently he had had rheumatic symptoms in the arm and knee of the right side.

His eyes were always good. The heart was normal. The loss of vision took place suddenly, with all the signs of thrombosis. Salicylate of quinine and lithium were prescribed, and locally alternate hot and cold applications were made to the eyes. These methods were followed by good results.

The sight returned in great measure, and there was only left a peripheral scotoma corresponding to a vessel persistently thrombotic. In order to improve the circulation in the eye, alternate collyria of eserine and duboisia were employed, and a special apparatus applied.—Recueil d'Ophtalmologie.

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Therapeutic Notes.

Cancer of the Uterus.

In the medical treatment of uterine carcinoma A. Lutaud, in the last edition of his "Manual of Gynæcology," speaks of the importance of vaginal asepsis. This may be effected by injections, as:—

℞ Acid. picric., ʒiiss.
Aquæ, Oi$^{3}/_{4}$.—M.

Or:—

℞ Resorcin., ʒv.
Aquæ, Oi$^{3}/_{4}$.—M.

The injections should be made by the physician himself, after he has, by means of the speculum, located the site of disease. After the injection he employs a tampon of cotton, saturated with the following solution:—

℞ Chloral. hydrat., ʒss.
Cocain. hydrochlor., gr. iss.
Aquæ, ʒv.—M.

When the disease involves the body of the womb he injects into the cervix a few drops of the following mixture:—

℞ Hydrarg. chlor. corr., gr. iij.
Cocain. hydrochlor., gr. xv.
Aquæ, ʒiiss.—M.

Or he may employ a bougie of:—

℞ Iodoform., gr. iss.
Cocain. hydrochlor., gr. $^{5}/_{6}$.
Ol. theobrom., gr. viij.—M.

He prefers powders, however, as they absorb discharges and do not disturb the weakened patient as much as injections nor necessitate such frequent changes of dressings.

Among the combinations which he recommends are:—

℞ Iodoform., ʒx.
Cupri sulphat., ʒiiss.
Morphin. sulphat., ʒj.—M.

When a caustic action is no longer required, our author makes use of a simple disinfectant mixture:—

℞ Salol., ʒj.
Lycopod.,
Acid. tannic., of each, ʒiiss.—M.

Or:—

℞ Iodoform.,
Pulv. carbon. lign., of each, ʒv.
Quinin. sulphat., ʒss.
Ess. menth. pip., gtt. xv.—M.

In hæmorrhage he may order:—

℞ Ergotin., ʒss.
Pulv. digital.,
Ext. hyoscyam., of each, gr. iij.
M. et ft. pil. No. xx.
Sig.: From 4 to 6 pills daily.

Or:—

℞ Ext. cannab. Ind., gr. viij.
Ergotin., ʒj.
Ext. hamamelid. fl., ʒij.
Syr. krameriæ, ℥j.
Aq. destill., ʒiij.
M. Sig.: Tablespoonful every two hours.

In relieving pain and keeping up the strength nothing equals morphine, given in sufficient doses and sufficiently often. In addition to these injections our author frequently employs also a suppository containing:—

℞ Ol. theobrom., gr. xlv.
Ext. belladonn., gr. $^{1}/_{65}$.
Ext. opii, gr. $^{1}/_{3}$.

Thuja, which has a reputation in cancer, may be given in association with arsenic:—

℞ Tinct. thujæ, ʒj.
Liq. potass. arsenit.. ʒss.
Syr. acaciæ, ℥j.
Aquæ, ℥iss.

M. Sig.: Teaspoonful before each of the two principal meals.

From "A Text-book of the Medical Treatment of Diseases and Symptoms," by Professor Nestor Tirard, of King's College, London, we select the following formulæ:—

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Endocarditis Associated with Rheumatic Fever.

℞ Potass. bicarb., gr. xx.
Tinct. hyoscyam., *m*xx.
Aq. camphor., ʒj.
Aq. destill., q. s. ad ℥j.—M.

℞ Quinin. sulph., gr. j.
Ammon. carb., gr. ij.
Potass. bicarb., gr. xx.
Tragacanth., gr. iv.
Aq. chloroform., ʒiv.
Aq. destill., q. s. ad ℥j.

M. Sig.: To be taken three times a day or oftener.

Dysentery.

The following prescription has been used with marked success in the Mandoli Regimental Hospital at Bhurtpore in cases of acute dysentery:—

℞ Quinin. sulphat., gr. ij.
Pulv. ipecacuanh., gr. v.
Ammon. chloridi, gr. x.
Tr. opii, *m*xij.
Aquæ, q. s. ad ℥j.

M. Sig.: To be given every four hours.

Lumbago.

The following mixture is often useful in some forms of lumbago:—

℞ Acidi salicylatis, gr. x.
Potassii iodidi, gr. v.
Ext. sarsaparill. fl., ʒij.
Aquæ, q. s. ad ℥ss.

M. Sig.: To be taken in water thrice daily, after meals.

Yeast in the Treatment of Pneumonia.

Brewers' yeast seems to be gaining ground as a recognized therapeutical agent. Dr. P. Marie reports that he has used it in eight cases of pneumonia, and all of them ended in recovery. The first case was that of a man, 68 years old, who had numerous and very painful boils with his pneumonia, and on that account the yeast was prescribed for him. His unexpected recovery from the pneumonia led Marie to employ yeast in the other cases.—New York Medical Journal.

Thyroid Extract as an Emmenagogue.

At a recent meeting of the Liverpool Medical Institution Glynn related that in many cases in young girls, in whom there was temporary amenorrhœa or a delay in menstruation in consequence of slight developmental changes, the administration of thyroid extract in doses of $^1/_2$ grain once a day, generally given at bed-time, proved sufficient to re-establish or to institute the function of menstruation.—Journal of the American Medical Association.

Post-partum Hæmorrhage.

Upon this important subject E. Stanmore Bishop, F.R.C.S., of Manchester, Eng., contributes an excellent paper to the Medical Brief. His methods are, in short, elevation of the foot of the bed and compression of the abdominal aorta. We extract the following passages:—

"Blood is being poured out from a multitude of small vessels, arteries and veins, deep down inside a hollow viscus. But all these vessels are merely branches of two great trunks—the vena cava and the aorta. They come from no other source. There is no other source possible. In ordinary cases of bleeding, what are our infallible means, and our only means of its arrest? If blood is coming from veins, elevation of the part of the body containing those veins until it is on a much higher level than the heart. All venous bleeding is immediately stopped by this manœuvre. Do we not always trust to this in the hæmorrhage from a burst varicose vein, and do we ever find it fail? That here there are more veins than one makes not a particle of difference. Elevate the foot of the bed. Elevate it high. Do not merely put a brick under each leg. That is not elevation which is to do any good, it is mere perfunctory compliance with the letter of the advice. Elevate the foot of the bed until the uterus is six or eight inches above the

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heart; so best will you deal with the *venous* outflow.

"And the aorta is reached with consummate ease in these cases. The abdominal wall is unusually supple. It has been stretched for months by the steadily enlarging uterus. It has not yet recovered, and will not for many days recover its tone. It yields easily to pressure from without, and the hand readily finds the vessel, and can easily isolate, and compress it *alone* against the left side of the prominent spinal bodies."

This pressure gives absolute command of arterial bleeding from the uterus.

"No one who has not personally tried this plan can have any idea of the increased force in the aortic beat as felt by the compressing hand, after even a quarter of an hour's control."

Vaginismus.

Dr. Touvenaint advises the following:—

℞ Stront. bromid.,
Potass. bromid.,
Ammon. bromid., of each, ʒi¼.
Aquæ dest., ʒviij.

M. Sig.: Tablespoonful twice a day.

Or:—

℞ Zinci valerianat., gr. 5/6.
Quinin. valerianat., gr. iss.
Ext. opii,
Ext. belladonnæ, of each, gr. 1/6.

M. et ft. pil. No. j.

Sig.: From three to six pills daily.

Locally:—

℞ Ext. krameriæ, gr. iss.
Morphin. hydrochlor., gr. 1/3.
Ol. theobrom., ʒj.

Ft. suppositoria vaginal.

Or:—

℞ Cocain. hydrochlor., gr. iij.
Ext. belladonnæ, gr. iss.
Strontii bromid., gr. iv.
Ol. theobrom., ʒi¼.

M. et ft. suppos. vaginal.—Journal of the American Medical Association.

Dysenteric Diarrhœa.

In a paper read before the Academy of Medicine R. Saint-Philippe said that in the dysenteriform enterocolitis of young children guarana paste is an excellent remedy. Doses vary, according to age, from 50 centigrammes to 2 grammes (8 grains to ½ drachm) in the twenty-four hours.—Le Progrès Médical.

Amenorrhœa.

Dr. William Murrell, of London, says, in the Medical Brief:—

"New drugs naturally receive our share of consideration, and we find it desirable, with certain limitations, to investigate the properties. Many years ago I introduced permanganate of potassium and binoxide of manganese as remedies for functional amenorrhœa. Both these drugs are still in common use for this purpose. Chemists, however, are constantly preparing for us new salts, and they have recently placed at our disposal a soluble citrate of manganese. This seems to have much the same properties as the old manganese salts, but it is free from some of the disadvantages which attended their administration."

Salicylate of Methyl in Painful Erections.

Dr. Baratier, of Jaugory, describes a method which he used with success in three patients suffering from gonorrhœa attended by extremely painful nocturnal erections. He prescribed baths and large doses of Vichy water. Inunctions of the penis were made for several minutes with:—

℞ Salicylate of methyl, gr. xv.
Liquid vaselin, ʒiiss.—M.

The penis was enveloped in a light layer of absorbent cotton, kept in place by a bandage of gummed taffeta.

The inunction soon diminished the pain and seemed to reduce the force of the erection. In other respects the gonorrhœa followed its usual course.—La Tribune Médicale.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
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THE BUBONIC PLAGUE.

THE extensive dissemination of the bubonic plague in recent years, concurrently with the devolopment of advanced methods of research in scientific medicine, has imparted a new interest to the study of that disease. The medical profession and the intelligent laity of this country are also awakened to the possible danger of its introduction into the United States. The disease still exhibits that pestilential and fatal character which has characterized its march through the centuries during which it has been known to civilized mankind. Improved sanitary and quarantine methods are likewise factors which enter into the problem of this disease.

For these reasons and also because one of the duties of the Marine-Hospital Service is to protect us from the importation of contagious disorders, the officers of that branch of the profession have devoted much labor to the investigation of the causes of the plague and the most efficient means of prophylaxis. The entire matter has been ably summarized in an article prepared by Dr. Walter Wyman, Supervising Surgeon-General of the United States Marine-Hospital Service, included in the annual report for 1897, now brought up to date and separately republished.

The pamphlet is of decided importance, and is very instructive. After a short historical description of the appearance of the plague through the ages, the author passes on to consider the occurrence of the pestilence in the closing years of the nineteenth century, its origin and mode of spread, our increased knowledge regarding its material cause, circumstances which favor infection and spread, the clinical course of the disorder, the latest methods of prophylaxis and treatment, and the regulations adopted in order to prevent its entrance into this country.

Descriptions of or allusions to the plague are extant and trace it back several centuries previous to the birth of Christ. Its virulence has not sensibly declined, as is evidenced by the facts of the present epidemic, but its field of destructiveness has been circumscribed until it had become unknown in Europe. In Italy no epidemic had occurred since 1815, while in other parts of southern Europe its advent had been seldom chronicled. The last outbreak of plague on European soil was in 1878 and 1879, on the banks of the Volga. Even in Asiatic countries outbreaks had become confined to comparatively limited areas. The rapid and wide spread, therefore, came rather as an unexpected surprise. It originated in 1893 in Tonquin and Hongkong, whence it spread to various parts of British India and China. The number of cases has been enormous and the rate of fatality very high. From its sites of earlier infection the disease has gradually extended in many directions. A year ago it made its advent in Oporto, Portugal, presumably conveyed there by a ship from some infected port in the East. A few months later it appeared at Santos, Brazil, and this was the first recorded instance of its occurrence in the Western Hemisphere. Here, again, the disease was probably introduced by a vessel coming from some sea-port where the disease was prevalent. From Santos it was carried to New York. Prompt measures as regards the ship, men, and cargo prevented the spread of the disease. Toward the end of last year cases of plague occurred in Honolulu. Very recently cases have appeared in San Francisco which were regarded by some physicians as of the same nature, although by

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others this has been denied. It is, consequently, incumbent upon our health authorities to exercise incessant vigilance. Fortunately, the affection seems to be held in check by sanitary measures. In Vienna, where, it will be remembered, a physician was accidentally inoculated while working in the laboratory, the malady did not spread beyond the few immediately exposed. In Trieste and New York, also, it was held in control.

As long as the plague had been known upon this earth it was not until the outbreak of the present epidemic that science was in a position to furnish irrefutable testimony concerning the nature of the disease, its mode of origin, and cause of its spread. The chief clinical features, of course, were indelibly impressed upon the minds of observers, but we are now in possession of an unfailing diagnostic test, and have, perhaps, at the same time obtained a clue to a much more successful management of the disease. In the year 1894 the micro-organism, or bacillus, which is the cause of the plague, was independently isolated and identified by Kitasato and Yersin. This bacillus is a short rod, which easily obtains entrance to the human body and which multiplies therein with great rapidity. It has been found in the blood, pus, and internal organs. It is present in the dust of infected houses and in the soil. Although so virulent, it possesses little resistance to chemical disinfectants, a circumstance which augurs favorably for the success of sanitary precautions. The bacillus is active only with the co-operation of heat and moisture. Outside the body it does not seem to retain its vitality for very long periods. In direct sunlight the bacilli die in three to four hours. They are killed by drying at ordinary room temperatures for four days. From these facts it is to be inferred that the period of incubation is short. It does not usually exceed four days, and may be much less. The characteristic lesion of the plague is enlargement of lymphatic glands, which generally suppurate if life is sufficiently prolonged. There are also hæmorrhagic extravasations beneath the skin and mucous membranes. Death usually occurs between the second and eighth day, frequently within forty-eight hours. There is fever, with marked vascular and cerebral disturbances. The mortality is very high, and during the present epidemic would seem to have reached in India the appalling figure of 90 to 95 per cent. of those attacked. In other epidemics it has not risen above 50 per cent. Different races exhibit different susceptibility. It is least destructive among Europeans, and most so among Chinese and Eurasians. Dr. Charles W. Dabney, Jr., formerly Assistant Secretary of Agriculture, suggests that a predisposing cause is the insufficient diet, composed principally of rice, upon which the peoples of the orient so largely subsist. It is, indeed, a fact that plague accompanies famine. The spread of the plague is favored by the filthy and unsanitary manner in which the natives live, crowded together like beasts. Bad ventilation, absence of drainage, and pollution of water are other elements which facilitate its dissemination. It is believed, moreover, that rats and other animals are agents in its propagation.

The plague manifests itself in several clinical forms, which have been classified as (1) bubonic; (2) septicæmic; (3) pneumonic. Of these types the bubonic, or ganglionic, is the most common, and the pneumonic the most fatal. The pneumonia is generally of the lobular or disseminated variety.

Two methods relative to the treatment of the plague have been devised during the last few years. Both are based upon modern scientific conceptions and practices. The Haffkine injection is a prophylactic measure. It is used as a precaution before exposure. It protects for an undetermined time. Statistics collected in British India show that the percentage of protection in those vaccinated once is about 85 per cent.; in those twice or more times vaccinated it is 95 to 100 per cent. Yersin's serum is designed as a curative agent when the disease

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has attacked an individual. Dr. Wyman states that it has produced gratifying results.

The latter portion of this valuable publication is devoted to a consideration of quarantine methods by which it is sought to prevent the entrance of the disease into the United States.

ACUTE MAXILLARY AND FRONTAL SINUSITIS DURING EPIDEMIC INFLUENZA.

THE multiform complications and sequelæ of grippe are doubtless known to all our readers, for during the epidemics which have prevailed for the past ten years we have been compelled to renew an acquaintance with this almost forgotten disease. The various forms of depressed health which may follow an attack of grippe are legion. Mucous membranes, nervous system, and organs of special sense have all suffered. For much information upon this subject we are necessarily indebted to specialists, into whose hands fall many chronic sufferers from troubles consecutive to influenza and the more uncommon complications of the disease. In this line of literature our attention was lately arrested by an interesting contribution of Dr. J. Garel, of Lyons, to an esteemed French journal.[1] The part played by grippe in the production of sinusitis is, indeed, no longer a novelty. The fact had been noted during preceding epidemics. The author was never so strongly impressed by its truth, however, as during the outbreak of last year. Within a short space of time, and especially in the month of February, he witnessed a comparatively large number of cases.

The frequency of acute sinusitis as a consequence of influenza was signalized as long ago as 1890 by Weichselbaum, who demonstrated in autopsies of patients dying in Vienna that suppuration of the accessory cavities of the nose was nearly constant. Many cases, indeed, were unrecognized during life because the symptoms were of slight significance compared with others due to the general disease. In many other instances the symptoms are confounded with those of ordinary coryza, and subside completely on recovery. These circumstances explain the considerable disproportion between the frequency of empyema of the accessory cavities of the nose in the living patient and on the cadaver. Sinusitis is encountered in 30 per cent. of autopsies. In special clinics the recorded ratio is only 2 per cent. Recently, in a series of 196 autopsies, Lapalle, of Pau, observed 55 cases of empyema. It may be noted that out of 59 tuberculous cases 19 were complicated with sinusitis. From the foregoing statements we may conclude that sinusitis is exceptionally common, but that it generally develops without the patient's notice.

Our author is of the opinion, indeed, that suppuration of the accessory cavities is the rule in the great majority of cases of acute coryza. There is, however, an immense difference between this more or less persistent suppuration, the daily evacuation of which is assured by the free ventilation of the sinus, and those cases in which the matter is retained within the cavities by swelling of the mucous membrane. This tumefaction obstructs the orifices of the cavities. The pus accumulates, distends the walls of the sinus, and produces the train of symptoms denotive of acute sinusitis: redness and swelling of the cheek, œdema of the eyelids, neuralgic pain in different situations, etc. This form of disease also possesses a distinct peculiarity of being liable to fluctuations. Relapses are frequent and depend upon anatomical points, such as narrowness of the opening of the sinus, or obstruction of that communication by hypertrophy of the inferior turbinate.

Grippal sinusitis ordinarily occurs during an attack of influenza, and manifests its presence by chills, fever, headache, and

[1] "Les Sinusites aiguës maxillaires et frontales pendant l'épidémie de grippe de l'hiver 1899-1900." Par le Dr. J. Garel, médecin des hôpitaux de Lyon. Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie, 9 Juin, 1900.

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photophobia, with a sensation of extreme debility. Disturbances of the respiratory apparatus next ensue. After some days there is redness of the cheek, with pain in that situation or forehead, or both, according to the localization of the affection. There is pain upon pressure or upon the least movement. The sinuses of both sides may be attacked at the same time.

The diagnosis presents no difficulty if we recognize the sufficiently pathognomonic signs which attend its development. It is admitted that the identification of the specific bacillus of the disease would be the most convincing demonstration of the nature of the sinusitis, although in consideration of the fact that it occurs during an epidemic of influenza there can be very little doubt on that point. The bacillus of Pfeiffer, however, is not easily demonstrated. Its recognition, moreover, is a matter of pure scientific interest, inasmuch as grippal sinusitis cures itself without intervention. Its passage into the chronic stage is altogether exceptional. Its prognosis is, consequently, favorable. The location of the disease is of slight significance. Its course is always the same.

Dr. Garel's article is based upon twelve cases, of which he gives the clinical histories in a condensed form. His treatment consisted in taking means to reduce the swelling of the mucous membrane and maintain the patency of the openings by which the sinuses communicate with the nasal passages.

Correspondence.

ETHNOLOGY AND ARCHÆOLOGY AT THE PAN-AMERICAN EXPOSITION.

Editor of the Medical Bulletin:

Dear Sir: The Pan-American Exposition has seen fit to entrust the care of the department of Ethnology and Archæology to a practicing physician. I should be very glad if you would allow me to reach your readers with the following request for assistance:—

Many members of the medical profession are interested in the study of American ethnology and archæology, and not a few have valuable collections of Indian relics and skeletons from Indian graves. Those not directly interested in this study are so circumstanced as to be aware of the hobbies of their neighbors, and could doubtless furnish the address of collectors. I should be greatly obliged for information and for the loan of collections for the use of this department of the exposition. Exhibits which represent study in some special line of American ethnology and archæology will be particularly suitable.

Very truly yours,

A. L. BENEDICT, M.D.,
Superintendent of Ethnology and Archæology.

Medical News and Miscellany.

The Journal of the American Medical Association.—Some time ago the Journal of the American Medical Association adopted a new feature, which must undoubtedly have proved of value to its readers. The title-page, in addition to the usual announcement of original articles, contained a short abstract or analysis of each article. In its department of current medical literature the journal gives us abstracts or notices of the original papers published in the chief medical periodicals of this and other countries. The index of volume xxxiv, recently completed, contains another important innovation. By cataloguing the articles which originally appeared in its own pages, together with those which it has selected or abstracted from its numerous exchanges, it furnishes us, in effect, with an index medicus of American medical literature. This is a laborious enterprise and should be highly appreciated by its readers. Those who, in the past, were accustomed to consult the Index Medicus in reviewing the literature of any subject are well aware how much that publication has been missed and

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will gladly welcome such an index as the journal has prepared.

The Bubonic Plague. — This disease, which has lately attracted more attention from physicians of the United States than ever before, is the subject of an interesting article by Prof. Thomas L. Maddin, of the Medical Department of the University of Nashville, and published in The Medical and Surgical Bulletin.

Louisiana State Pharmaceutical Association.—At a meeting of the executive committee of the above association resolutions were adopted indorsing the action of the American Pharmaceutical Association in its efforts to obtain recognition of the profession in the Army, Navy, and Marine Hospital Service of the United States. It is desired that there should be a change in title from that of "Hospital Steward" to "Senior," "Junior," and "Assistant Pharmacist." Copies of the resolutions have been sent to the President of the United States, the Secretary of the Treasury, and the Supervising Surgeon-General of the Marine-Hospital Service.

Tri-State Medical Association of Maryland, West Virginia, and Western Pennsylvania.—The officers elected at the recent meeting were: President, J. M. Miller, Romney, W. Va. Vice-presidents, W. O. McLane, Frostburg, Md.; F. H. Gump, Bedford, Pa.; K. Taylor, Slanesville, W. Va. Secretaries, Frederick W. Fochtman, Cumberland, Md.; Percival Lantz, Alaska, W. Va. Treasurer, H. W. Hodgson, Cumberland, Md.

Minnesota State Medical Society.—At the last meeting the following officers were elected: President, William Davis, St. Paul; first vice-president, H. B. Pritchard, Winona; second vice-president, Mary Whetstone, St. Paul; third vice-president, H. B. Allen, Cloquet; secretary, Thomas McDavitt, St. Paul; treasurer, R. J. Hill, Minneapolis; censors, F. A. Dunsmoor, Minneapolis, and Walter Courtney, Brainerd; delegate to Washington, to meeting of Commission on National Legislation of the American Medical Association, Arthur Sweeney, St. Paul, Minn.

St. Louis Medical Review.—This is the new title of the journal heretofore known as the Medical Review.

A Case of Gonorrhœa with Rheumatism, a Symmetrical Eruption on the Skin, and Loss of the Nails.—This type of eruption was first described by Vidal in 1893, and similar cases were reported by Jeanselme, Chauffard, Kobert, Jacquet, and Ghika. Dr. V. Stanislavsky has recently described the case of a man, 28 years old, who had contracted gonorrhœa for the first time. Three weeks later polyarthitis of the lower limbs appeared, together with horny crusts, simple or stratified, semitransparent, at times adherent, at times easily detachable, leaving the skin slightly red and moist. Some of them grew into conical masses with thickened epidermis around them. These latter crusts were very closely adherent; the elevations were principally found on the soles, occupying symmetrical positions; others were found on the scrotum, perineum, and on the skin of the penis. The eruption was more abundant in the regions affected by the arthritis. Thus, on the left thigh there were true cutaneous horns, conical in shape, stratified, semitransparent, and consisting of completely-hornified epithelial cells. These elevations were one centimetre in diameter at their base, and one centimetre in height. Their bases sometimes were confluent, sometimes distinct and isolated. The concave surface of these corneous elevations adhered to a small reddish papule, papillomatous in character, and slightly moist. Similar projections of horny substance were found on the anterior surfaces of the toes; these gradually pushed off the nails. The mucous membranes showed the presence of similar eruptions in the form of red, elevated, circumscribed *plaques*. There was a febrile movement of the remittent type. After three months the

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temperature fell to normal, the joint pains disappeared, and the eruption diminished. After six months all traces of the disease vanished.—New York Medical Journal.

Medical Department of Johns Hopkins University.—The following appointments have been made: Thomas S. Cullen and William W. Russell, associate professors of gynecology; George P. Dryer, Ph.D., associate professor of physiology; Reid Hunt, Ph.D., associate professor of pharmacology; Norman McL. Harris, associate in bacteriology; William G. MacCallum, associate in pathology; Percy M. Dawson, instructor in physiology; Charles P. Emerson, instructor in medicine; Eugene L. Opie, instructor in pathology; Merwin T. Sudler, Ph.D., instructor in anatomy; William S. Baer, assistant in orthopædic surgery; Warren H. Lewis, assistant in anatomy; Frank W. Lynch, assistant in obstetrics; John B. McCallum, assistant in anatomy; Harry T. Marshall, assistant in pathology.

Removal.—Dr. G. Betton Massey announces his removal to the Professional Building, 1839 Chestnut Street, Philadelphia.

Elections. — Dr. S. R. Cunningham, Indianapolis, has been appointed assistant surgeon of the Northern Indiana Hospital for the Insane, at Logansport, Ind.

Dr. C. C. Warden has been elected to the chair of anatomy and operative surgery in the Medical Department of the University of Nashville.

Dr. Perry Bromberg has been elected to the chair of physiology in the Medical Department of the University of Tennessee.

Dr. A. B. Cooke has been elected to the chair of clinical proctology in Vanderbilt University, Medical Department.

Bushwick Hospital.—Dr. H. W. Lincoln has been appointed gastrologist to the Bushwick Central Hospital, Brooklyn.

Betrothal.—We have received cards announcing the betrothal of Elizabeth, daughter of Robert and Hedwig Ernst, of Gaben, Germany, to Carl Rottländer, Dr. Phil., of Demmen.

Dr. F. Savary Pearce.—Dr. F. Savary Pearce has been elected Clinical Professor of Diseases of the Nervous System in the Medico-Chirurgical College of Philadelphia, succeeding Dr. C. W. Burr, resigned.

Glandular Fever.—Hainebach points out that an attack of glandular fever may be prolonged for weeks, owing to relapses; in such cases, about the middle of the first week, the liver and spleen very often become palpable, and a violent cough appears, which is probably caused by the irritation of enlarged bronchial glands. Even these cases, though convalescence may be prolonged, are very seldom complicated by abscess-formation or otitis media. A most serious and not uncommon complication is acute hæmorrhagic nephritis, which may appear as early as the second day. Though no specific organism has been found, the disease is almost certainly of an infectious nature, and the organisms probably enter through the pharynx or naso-pharynx. The author records a case complicated by hæmorrhagic nephritis and enlarged liver and spleen, in a boy, aged 8 years, who recovered only after a tedious relapse. Two days after the onset, a sister, aged 17, and three weeks later a brother, aged 12, became ill with follicular tonsillitis. Charlotte C. West has reported an analogous case, in which the two nurses of a boy, aged 2 ½ years, who was suffering from glandular fever, were seized with tonsillitis. It seems probable, then, that glandular fever is not a disease *sui generis*, but that it is produced under certain unknown conditions by the same organisms which are found in follicular tonsillitis; that is, streptococci or staphylococci. Hainebach considers that this view is rendered more probable by the fact that his patient had had several attacks of tonsillitis previously, and so was predisposed to these organisms.—British Medical Journal.

State Board of Medical Examiners of New Jersey.—At a regular meeting of the

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State Board of Medical Examiners held at Newark, N. J., the following resolution was adopted:—

RESOLVED that this Board will indorse the licenses of any State Board of Medical Examiners in the United States, in lieu of an examination, provided,

FIRST, that the candidate for indorsement shall present satisfactory evidence of having the academic and medical education required by this Board, and,

SECOND, that the license presented for indorsement shall have been issued after a State examination of the same grade and kind as that required by this Board.

Mississippi Valley Medical Association.—The twenty-sixth annual meeting of the Mississippi Valley Medical Association will be held Tuesday, Wednesday, and Thursday, October 9th, 10th, and 11th, next, under the presidency of Dr. Harold N. Moyer, of Chicago. At a meeting of the Executive Committee, the following were chosen to deliver the annual addresses: Dr. I. N. Love, of St. Louis, the address in medicine; Dr. C. A. Wheaton, of St. Paul, the address in surgery.

Negotiations are in progress by which the members of the association may obtain a one-fare rate for the round-trip for this meeting. The Southeastern Passenger Association has already granted this rate, and it is believed the Western and Central Passenger Associations will concur. Due notice of this will be sent later.

It is earnestly requested that those desiring to read papers will send their titles to the secretary within the next thirty days. It is also requested that a brief synopsis of the paper of not less than twenty-five words accompany the title.

The association will not be divided into sections at this meeting. The headquarters will be at the Battery Park Hotel, where the sessions will be held.

Ontario Medical Association.—President, Dr. A. McKinnon, of Guelph; first vice-president, Dr. R. A. Pyne, of Toronto; second vice-president, Dr. W. H. Jeffs, of Havelock; third vice-president, Dr. A. S. Fraser, of Sarnia; fourth vice-president, Dr. H. H. Sinclair, of Walkerton; general secretary, Harold C. Parsons, of Toronto; assistant secretary, George Elliott, of Toronto; treasurer, George H. Carveth, of Toronto. Next place of meeting is Toronto.

Obituary.—Alexander Johnston Chalmers Skene, M.D., of Brooklyn, N. Y., who died from a cardiac ailment on July 6th, at his summer home, at Highmont, in the Catskills, was born in the parish of Fyvie, Aberdeenshire, Scotland, June 17, 1837. His family, one of great antiquity, includes warriors, statesmen, and professional men, who were closely identified with the history of Scotland. He came to America at the age of 19 years, with a strong liking for zoölogy and the study of medicine. After a course at the University of Michigan, he proceeded to the Long Island College Hospital, from which he was graduated in 1863. The Civil War was then at its height, and he served as an acting assistant-surgeon, at David's Island, N. Y., and Port Royal, Charleston, S. C. After the war he identified himself with his *alma mater* as an adjunct professor, and soon became known as a diagnostician of singular acumen. As a gynæcologist he had an international reputation, to which a master-work published in 1883 liberally contributed. He was a purist in style, a careful collator of facts, and an original classifier, besides being a lover of art and an amateur sculptor. His name is on the rolls of many medical and scientific societies.

The Manchester (Eng.) schools of medicine have suffered greatly in the recent loss of Prof. Thomas Jones, of the Victoria University, and Prof. Daniel John Leech, of Owens College.

Professor Jones occupied the chair of surgery, and his work was highly esteemed. He had gone to South Africa as Chief Surgeon to the Welsh Hospital, but was stricken down in a very short time after entering upon his duties.

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Dr. Leech was professor of Materia Medica and Therapeutics, and was widely known for his publications connected with those subjects, especially for the Croonian Lectures of 1893 on the "Nitrites."

St. Joseph's Hospital, Philadelphia.—Dr. Melvin M. Franklin has been appointed surgeon on the staff of St. Joseph's Hospital to succeed Dr. John S. Miller, resigned.

Resignation. — Dr. C. W. Lillie has resigned the professorship of chemistry and toxicology in the St. Louis College of Physicians and Surgeons. He will continue a member of the faculty and secretary, but will hold a position requiring less time than is necessary to teach chemistry.

Dr. Joseph Leidy.—Dr. Joseph Leidy, of Philadelphia, has been appointed a member of the Jury on Hygiene from the United States, at the International Congress on Hygiene, which meets in Paris, August 4th.

St. Michael's Hospital, New York City.—Dr. Edward J. Ill has been appointed medical director of St. Michael's Hospital, to succeed Dr. William Pierson, deceased.

Miami Medical College.—Dr. Byron Stanton, Professor of Diseases of Women and Children in the Miami Medical College, has resigned, and his chair has been divided, Dr. E. W. Mitchell taking pædiatrics, and Dr. R. B. Hall, gynæcology. Dr. Mitchell's former chair, materia medica and therapeutics, will be filled by Dr. Julius Eichberg.

University of West Virginia.—The regents of the State university have arranged for a medical department, and the following have been appointed members of the faculty: James W. Hartigan, Professor of Anatomy; A. E. Thayer, Professor of Histology, Bacteriology, and Toxicology; A. R. Whitehill, Professor of Chemistry and Toxicology; Otto Folin, Professor of Physiological Chemistry; J. B. Johnston, Professor of Zoölogy; S. S. Wade, Professor of Physiology; L. S. Brook, Professor of Materia Medica and Therapeutics.

Sir William Hingston, F.R.C.S. — Sir William Hingston has sailed for England, where he will be made an honorary fellow of the Royal College of Surgeons of England. This will be the first time this honor has been conferred on a Canadian physician.

American Monthly Review of Reviews.—Excellent character sketches of both the Republican and Democratic presidential nominees will be found in the American Monthly Review of Reviews for July. Dr. Charles B. Spahr writes of Mr. Bryan and the principles that he represents, while a friend of President McKinley tells of his personal traits and the record made by his administration.

The Republican Convention at Philadelphia is discussed in a frank and interesting way in "The Progress of the World," in the American Monthly Review of Reviews for July. The harmony that marked the proceedings is especially pointed out, and it is said that "The occasion, from beginning to end, was altogether a model of its kind." The political candidates and issues are caricatured in the usual amusing style in the cartoon department.

"The Provision for Children in Public Libraries" is fully described by Miss Katherine Louise Smith. The progress already made in this direction will doubtless be a surprise to most people. The article is accompanied by many pictures showing the rooms set apart for the use of children in various cities throughout the country. Industries for young men and women in rural districts is the subject of an article by Mrs. Helen R. Albee, who urges that the encouragement of such industries will help to counteract the shifting of population to the great cities.

The cotton-manufacturing industry in the United States is treated of in two articles. Mrs. Leonora Beck Ellis tells of the rapid progress that the South has made in the establishment of "Cotton-mills in Cot-

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ton-fields." Miss Jane A. Stewart, on the other hand, explains the steps taken by New England cotton manufacturers to protect themselves against this new competition in the South. The Northern mills are now giving special attention to the making of higher grades of cloth, such as have formerly been imported from Europe, and textile schools have been opened for the training of expert workmen. Mr. Hugh H. Lusk, formerly a member of the New Zealand Legislature, gives a brief summary of the essential provisions of the new Australian Constitution.

The present political campaign and the Chinese problem are the two most prominent topics in the August Review of Reviews. Among the contributed articles there is a brief review of the work of the Kansas City Convention, by Walter Wellman, followed by personal sketches of "Mr. Bryan at Home," "Theodore Roosevelt," by Jacob A. Riis, and "Roosevelt's Work as Governor." "The Chinese Revolution" is the subject of a well-informed and timely paper by Stephen Bonsal. Important phases of the situation in China are also set forth editorially. Mr. Stephen Bonsal's information on the subject has been obtained at first hand. His article is a clear and exhaustive account of the various reform movements in China, and especially of the rise and growth of the Boxers, together with a review of the complex and eventful career of the Empress Dowager.

Mr. Jacob Riis tells, in an entertaining way, the story of his long friendship with Theodore Roosevelt; not failing to record his protest, as a worker for the improvement of conditions in the metropolis, against the removal of the governor from the field of State and local administration. The achievements of the Roosevelt administration at Albany are summarized in a separate article.

Two articles have to do with phases of municipal art. Mr. Ernest Knaufft describes the new Appellate Court Building in New York City—an imposing architectural creation; and Mr. Archibald Hadden tells how a half-million has been expended, in recent years, by Mr. Charles H. Hackley in beautifying and otherwise improving the lumber town of Muskegon, Mich. Mr. Hackley's efforts should be object-lessons to other American millionaires.

Mr. William Ordway Partridge, the sculptor, makes a plea for an annual national art exhibition in this country, on much the same lines as the Paris salon or the Engish Royal Academy, but comprehending allied branches of art.

"Volcanic Scenery of the Northwest" is the subject of an article by Robert E. Strahorn. Mr. Strahorn describes the Snake-River lava plain and its scenic wonders, extending for a thousand miles in our far Northwest.

Health Officer.—Dr. T. M. Casal has been elected health officer of Santa Barbara, California, to succeed the late Dr. J. M. McNulty.

Dr. Robert B. Lamb.—Dr. Robert B. Lamb, of the staff at the Matteawan State Hospital, has been appointed medical superintendent of the Dannemora Hospital (N. Y.) for the Insane.

St. John's Hospital, Springfield, Ill.—Dr. Margaret Shults has been appointed a member of the staff of St. John's Hospital, Springfield, to serve as pathologist and have charge of the children's department.

Bequest to the Medical College of Ohio.—By the will of the late Dr. James T. Whittaker, the Medical College of Ohio will become possessed of his library of nearly 1500 volumes. Among the especially valuable antique books in the collection are "Celsus Medicinæ" (1467), "Opera Omnia Anatomica and Physiologica" (1687), "De Visonum Organis Generationia Inservientibus" (1678), "Elementa Physiologiæ Corpus Humani" (1777).

Herpes Zoster and Carcinoma of the Breast.—Dr. Charles Greene Cumston, of Boston, in the International Journal of Sur-

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gery, says: "There is a particular point in the symptomatology of carcinoma of the breast to which I would call your attention, because it may be of very considerable interest as to diagnosis, and especially as regards the prognosis. You know that quite frequently secondary foci of the malignant process arise on the side of the vertebral column and more frequently in the vertebræ themselves. Now, these secondary foci may give rise to an outbreak of zona on account of the changes that they produce in the nerves, and this is characterized by the unusual pain of which it is the seat, its persistency, or numerous relapses. The presence of a herpes zoster during the progress of a carcinoma of the breast indicates that in all probability the disease has attacked the vertebræ. What is important is that in many instances carcinoma of the vertebræ may develop and progress in a most latent manner. Metastases of carcinoma, no matter in what organ they occur, render the prognosis absolutely bad, and it is for this reason that I desired to mention zona, as it is a symptom that I think is not generally known." — Virginia Medical Semimonthly.

Monument to Lavoisier.—The monument to Lavoisier, the distinguished chemist, in Place de la Madeleine, Paris, was inaugurated by the Minister of Public Instruction, July 27th.

McClure's Magazine for July.—In the July McClure's appears a sketch of Bryan, by the well-known Kansas journalist, William Allen White, author of "Boyville Stories." This is the first of a series of pen portraits of political celebrities by a writer particularly well qualified to write of both their public and private life. The article contains a shrewd estimate of Bryan's political career, and throws much light on the causes of his popularity.

In "An Unwritten Chapter on Diplomacy," A. Maurice Low, the American correspondent of the London Chronicle, gives the history of our present cordial diplomatic relations with Great Britain, dating from the beginning of the Venezuelan controversy. The author has omitted no details of hitherto secret history which can properly be made public. He shows to how large an extent the friendliness between the two Anglo-Saxon powers is due to the efforts of two men, Secretary Hay and ex-Secretary Olney. Our relations with the European powers at the time of the late war with Spain are also masterfully outlined. This is hitherto unpublished history.

An article that will attract particular attention at this time, is that on "Railway Development in China," by Mr. Barclay Parsons, with illustrations from photographs and maps. Bret Harte contributes a story of a romantic episode in a California mining camp, and Cyrus Townsend Brady writes of the "Fall of Quebec." "The Sea Builders," an illustrated article on light-houses and life-saving stations, is also found in this issue.

Albany Medical College. — Dr. Arthur Ross has been appointed Professor of Diseases of the Throat and Nose at the Albany Medical College, to fill the vacancy caused by the resignation of Dr. John M. Bigelow, who has been made emeritus professor.

Dr. E. B. McCormick.—Dr. E. B. McCormick, of Owensboro, has been appointed superintendent of the Western Lunatic Asylum at Hopkinsville.

Baltimore Medical College.—In the Baltimore Medical College Dr. J. M. Rowland has been appointed Professor of Obstetrics, *vice* Dr. Wilmer Brinton, resigned; and Dr. J. W. Lord, Associate Professor of Anatomy, *vice* Dr. J. M. Rowland.

The College of Physicians and Surgeons, of Baltimore.—The College of Physicians and Surgeons has appointed Drs. J. Hall Pleasant and Thomas R. Brown, both graduates of the Johns Hopkins Medical School, as professors in clinical medicine.

Chicago Society of Internal Medicine.—At a meeting of the Chicago Society of Internal Medicine, the following officers were

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elected: President, Dr. John A. Robison; vice-president, Dr. James B. Herrick; secretary, Dr. Edward F. Wells; treasurer, Dr. M. L. Goodkind. Censor for the North Side, Dr. Henry B. Favill.

Desquamation and Typhoid.—Remlinger has collected a series of cases of severe typhoid followed by desquamation. In contradistinction to another series collected by Weill, who noticed desquamation in typhoid in children, Remlinger's series refers solely to that met with in adults. According to the writer, when the temperature begins to fall, desquamation may be observed. It is not of a furfuraceous, but scaly, character. It is most noticeable on the lateral parts of the thorax and abdomen, and generally limited to the trunk. In several cases, also, there was alopecia. Two possible explanations are offered: one that it is due to sudamina, the other that it is a trophic lesion. There is certainly coincidence in many cases between desquamation and fall of temperature, and, as a matter of fact, sudamina usually appear at the end of the third week. Without denying these facts, it may be noticed that sudamina frequently appear even to a considerable extent without any desquamation, and the writer does not seem, on the whole, to regard the two conditions as related. He rather suggests that the occurrence of alopecia so frequently in connection with desquamation is strong evidence of the trophic nature of the two conditions. As regards prognosis, desquamation seems to be favorable, for, although it does not mean a freedom from relapse, it is to a large extent indicative of the end of the disease.—British Medical Journal.

Changes in the Faculty of the University College of Medicine, Richmond, Va.—Dr. Hunter McGuire, on account of health, resigned the chair of clinical surgery, and was elected emeritus professor of the same. He was also re-elected president of the faculties of the University College. Dr. Hugh M. Taylor was elected Professor of Practice of Surgery and Clinical Surgery. Dr. Stuart McGuire was elected Professor of Principles of Surgery and Clinical Surgery. These professors will have different days for their clinical teaching. Dr. Landon B. Edwards resigned the didactic chair of practice of medicine, and was elected to the full chair of clinical medicine. Dr. William S. Gordon was elected Professor of Practice of Medicine, which caused him to resign as Professor of Physiology. Dr. H. Stuart MacLean, who has been a lecturer in bacteriology, etc., was elected Professor of Physiology. The title of proctor was done away with, and that of dean substituted, Dr. J. Allison Hodges being elected to fill its duties. The hospital clinical facilities will be greatly improved and enlarged by the addition of some new wards to the Virginia Hospital, which adjoins the University College lot.

The Celtic Medical Society.—At a regular meeting of the Celtic Medical Society of New York, held recently, the following officers were elected for the ensuing year: President, Dr. John J. Morrissey; vice-president, Dr. William J. Farrell; secretary, Dr. J. J. Cronin; treasurer, Dr. M. C. O'Brien.

Confederate Surgeons.—All surgeons, assistant surgeons, acting assistant surgeons, or contract surgeons, and hospital stewards, who served in the army or navy of the late Confederate States, will please send their post-office address to Deering J. Roberts, M.D., Secretary Surgeons' Association, C. S. A., Nashville, Tenn.

Cornell University. — Dr. Abram Tucker Kerr, of Buffalo, has been appointed Assistant Professor of Anatomy, to fill the recently-created chair at Cornell University.

Appointments in College of Medicine and Surgery, Cincinnati. — The changes announced in the faculty for the coming year are: Dr. David de Beck, Professor of Ophthalmology; Dr. H. P. Dickmen, assistant; Dr. Clark Hiller, physiology; Dr. H. Freudenberger, pathology and bacteriology;

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Dr. C. T. Pearce, dermatology and genito-urinary diseases.

Philadelphia Hospital.—Dr. E. S. Gans has been appointed on the staff to succeed Dr. J. Abbott Cantrell, resigned. Dr. M. B. Hartzell was also elected a member of the corps. Dr. Ella M. Anderson was elected assistant physician to the department for the insane.

Scribner's Magazine.—The August, fiction edition of Scribner's Magazine is always a notable one, both for its short stories and the unusual number of illustrations. This year it will be found especially rich in these particulars as well as in other features. The contents include the names of some of the best-known writers and artists of to-day, and, as usual, those of new contributors to the magazine.

Mr. Richard Harding Davis's article, "Pretoria in War-time," gives a vivid and novel idea of the appearance and curious individuality of the Boer capital, and of the way its people viewed the approach of the British, and a most attractive impression of the stalwart figure and vigorous personality of President Kruger.

Mr. Ernest Seton-Thompson, author of "Wild Animals I Have Known," etc., contributes "Tito, the Story of the Coyote that Learned How," illustrated with a number of his own inimitable drawings. In this number the color feature is a series of original landscape drawings by Henry McCarter, called "Midsummer," interpreting a number of Nature's aspects at this season. "The Green Pigs," by Sydney Herman Preston, a new writer, is an amusing story of the adventures that befell a young city man in his attempts to care for the farm of a friend who left him in charge.

It is a wonder that some one has not before devised the ingenious scheme that Mr. George A. Hibbard has in his "A Matter of Opinion." In this entertaining little comedy a clever device avoids all necessity for "learning parts." "My Love Story," by James Raymond Perry, tells of the complications that a writer may get into at home through a disposition on the part of his family to take his literary work too seriously. "Old Carnation," by Albert Bigelow Paine, is the story of an old Broadway florist and the part he played in the love story of two young people.

"Tobin's Monument," by Arthur Colton, is a charming bit of character drawing, with a fine vein of delicate sentiment and humor. "Tommy and Grizel" becomes more absorbing, and Grizel more than ever a universal favorite, as the erratic career of the sentimental hero develops. The poems of the number include a fine nature appreciation, "The Green Dancers," by Bliss Carmen; "Whom the Gods Love," by Mrs. J. C. R. Dorr; "Play Up, Piper," by Miss J. P. Peabody, with a decorative border by Maxfield Parrish; "Granny's Omar," by Mary Youngs; and "Gossip," by Oliver Herford. Mr. John la Farge writes of "The American Academy at Rome," in The Field of Art.

Epidemiological Society of London.—The fiftieth anniversary of the foundation of the Epidemiological Society of London was celebrated on July 13th, when a commemoration dinner was held at the Grand Hotel, Trafalgar Square.

The Ladies' Home-Journal.—"Josiah and I Go a-Visitin'" is the title of Josiah Allen's Wife's new humorous serial which is begun in the midsummer story edition (August) of The Ladies' Home-Journal. There are also four short stories—"Catherine of Arrogance," "Grandmother Winslow's Precious Plates," "From a Far Country," "The Story of a Song"—and the conclusion of Julia Magruder's serial, "The Voice in the Choir." "College-girls' Larks and Pranks" reflects the wit and shows the love of fun of the American girl. There is also a group of stories full of interest and mystery about "The Haunted Houses of New England," and others in quite the opposite vein are related by Rev. Cyrus Townsend Brady in describing his

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experiences as "A Missionary in the Great West." "My Summer with Some Chipmunks" gives some exceedingly interesting glimpses of the coy, brown-coated little rodents. Of interest to every girl aspiring to a higher education is an article detailing "How a Girl Can Work Her Way Through College," by a Cornell graduate. Mrs. Burton Kingsland writes on "Conversation and Good Form in Public Places," and Mrs. S. T. Rorer explains "Why I am Opposed to Pies." The August Journal takes its readers on another stage of the pictorial journey "Through Picturesque America," gives some views of "An Entire House on a Single Floor," and on the cover presents Howard Chandler Christy's "American Girl in Society." "Golden Poppies," a waltz by B. H. Janssen, is sure to find abundant favor with music lovers. The departments are as varied and complete as usual, and the pictorial features numerous and of commanding excellence. By The Curtis Publishing Company, Philadelphia. One dollar a year; ten cents a copy.

Dr. Edwin Klebs. — Dr. Edwin Klebs, Professor of Pathology in Rush Medical College and director of the laboratory in the Post-graduate Medical School, has resigned, and, after a few months spent in Switzerland, will locate in Germany.

Dr. William Bailey.—Dr. William Bailey, who for fifteen years has occupied the chair of the medical department of the University of Louisville, has resigned his position because of failing health.

Dr. Thomas S. Bullock.—Dr. Thomas S. Bullock, because of pulmonary trouble, has been compelled to remove from Louisville to Colorado. His successor in the University of Louisville has not yet been appointed.

Louisville Medical College.—Dr. John G. Cecil, who resigns the chair of theory and practice of medicine in the Louisville Medical College, has been elected to succeed Dr. Bailey. Dr. Cecil was formerly assistant to the chair of obstetrics and gynæcology in the University of Louisville, before his election to the chair in the Louisville Medical College, which he has held for four years.

New Orleans Polyclinic.—The following additions have been made to the staff of the New Orleans Polyclinic: E. M. Dupaguier, Professor of Clinical Therapeutics; Otto Lerch, clinical diagnosis; J. J. Archinard, clinical microscopy and bacteriology; H. S. Cocram, clinical gynæcology; J. A. Storck, diseases of the digestive apparatus; F. A. Larue, operative surgery and applied anatomy.

Prince Edward Island Medical Society.—The annual election of officers resulted as follows: President, Dr. Sutherland, Bedeque; vice-president for Prince County, Dr. Rose; for Queen's, Dr. W. Robertson; for King's, Dr. Barnes; secretary, Dr. S. R. Jenkins; treasurer, Dr. F. F. Kelley.

Binghamton State Hospital. — Dr. William A. White has been appointed first assistant physician at the Binghamton State Hospital, New York.

Ohio Medical University.—Dr. John Upham has been appointed to the department of the principles of surgery and clinical surgery in the Ohio Medical University at Columbus.

A Case of Glandular Fever Associated with Erythema Nodosum. — Thorn observed such an association in a little girl of 5 $^1/_2$ years. A short time previous to the illness described the patient suffered with some trifling indisposition, and after this trivial ailment a "mitral systolic bruit" was discovered. On November 20th of the past year the child was suddenly seized with fever (102°), stomachache, pain in the neck, and rapid enlargement of the left anterior cervical glands. The following day the fever rose to 104° and the lymphatic chain upon the opposite side became involved. On the fourth day a typical "erythema nodosum" appeared.

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The child's throat was at no time affected. The temperature fell by lysis, remaining elevated for twenty-six days. The glandular tumefaction slowly subsided. Anæmia persisted, however, for three months. Thorn raises the question whether the poison of rheumatism and that of glandular fever can be identical. He refrains, however, from drawing any conclusions from a single case.—International Medical Magazine.

Bequest to the Cincinnati Academy of Medicine.—The late Dr. Charles P. Judkins, of Cincinnati, left an estate of one hundred thousand dollars. By his will the widow is to receive the income for life. At her death two-fifths goes to the Cincinnati Academy of Medicine, the latter to be put in the building fund and to be used as a fund for the erection and maintenance of a home of medicine in Cincinnati.

Poisoning by Oil of Wintergreen.—Dr. B. Pillsbury, of Middletown, N. Y., communicates the following short note to the Medical Record:—

"I report this case since I find, among such records as I have examined, but one case of poisoning by oil of wintergreen, that one ending in recovery. Gilbert G., a middle-aged farmer, took by mistake for whisky, 2 ounces of oil of wintergreen at 4 P.M. He went about his work, but in two hours began to have a copious diarrhœa, which continued constantly until his death. His daughter, with rare good judgment, gave him mustard as an emetic, the whites of a dozen raw eggs, milk, and very little water. It was not till near 9 P.M. that a doctor arrived. He found the patient sweating prodigiously, feeling as if on fire inside; pulse, 100, not intermittent; the skin was aflame. On the following day the skin was still intensely red, and the victim was harassed by a terrific itching. In the afternoon the pulse was still non-intermittent, but running as fast as possible. The odor of oil of wintergreen was perceptible in the fæcal evacuations. Death occurred from exhaustion forty-one hours after the wintergreen was taken."

Episcopal Hospital of Philadelphia.—Through the bequest of Elizabeth R. Blight, the sum of $10,000 has been left the Episcopal Hospital.

Appointment.—Dr. S. C. Cunningham has been appointed assistant physician at the Northern Insane Hospital at Logansport, Indiana.

Huxley Lectures.—The third of the biennial Huxley Lectures, founded in commemoration of the late Professor Huxley in connection with the Charing Cross Medical School, will be delivered by Lord Lister, President of the Royal Society, on Tuesday, October 2d.

A Case of Wandering Gall-stones.—R. Progrès reports a case in which a fistula of the thigh was found to have been due to wandering gall-stones. A woman, 47 years of age, had had repeated attacks of gall-stone colic, which, after a visit to Carlsbad, disappeared entirely. In 1898 she had the last attack. Following this she began having pain in the region of the right trochanter. This was taken for ischias, and treated accordingly. There gradually developed here a tumefaction, the nature of which was very indefinite. It proved to be an abscess, and finally found an outlet on the posterior portion of the leg, midway between the knee and the thigh. Various diagnoses were ventured, among which were tuberculosis, syphilis, foreign body, etc. An operation revealed the true cause. In a large pocket between the crista ilei and the trochanter were found a number of fair-sized gall-stones. This peculiar condition could only be explained through the formation of adhesions between the gall-bladder and neighboring organs; inasmuch as the patient was confined to her bed, and in a reclining position, the stones through their own weight forced their way into the dorso-lumbar fascia; after the patient began

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going about they gradually sank to lower parts along the fascia. An abscess resulted in time, and caused the formation of a fistula. The stones, being retained in a small pouch, were not expelled through the fistulous opening.—St. Louis Medical Review.

The New York Medical Journal.—Owing to the financial trouble of D. Appleton & Co., the New York Medical Journal has been sold, the new owner being Mr. A. R. Elliott, owner and publisher of the American Druggist, who conducts an advertising agency in New York. We are glad to note that Dr. Frank P. Foster, its efficient editor, has been retained.

University of Vienna.—Professor Toldt has been elected dean of the medical faculty of the University of Vienna.

Baltimore Medical College.—Dr. H. Burton Stevenson has been appointed demonstrator of obstetrics at the Baltimore Medical College.

New Officers of the Medical Journal.—At a meeting of the Medical Journal Company of Baltimore, Md., held recently, the following officers were elected: President, E. J. Farber; vice-president, Dr. R. T. Wilson; secretary and treasurer, Dr. H. M. Simmons; Dr. John Fulton is editor-in-chief. The remaining directors are Drs. William Osler, John D. Blake, Wilmer Brinton, and Hiram Woods.

Memorial to Dr. Beaumont.—A memorial tablet was dedicated at Mackinac Island, July 10th, to Dr. William Beaumont. The inscription on the stone reads: "Near this spot Dr. William Beaumont, U. S. A., made those experiments upon Alexis St. Martin which brought fame to himself and honor to American medicine. Erected by the Medical Society of the Upper Peninsula of Michigan, July 10, 1900."

University of Toronto.—Dr. J. J. Mackenzie, bacteriologist to the Board of Health of Ontario, has been appointed Professor of Pathology in the University of Toronto; and Dr. J. A. Amyot, Associate Professor of Pathology in the same institution will become provincial bacteriologist.

Pathological Society of Brooklyn. — At the annual meeting of the Pathological Society—the first meeting of this society in the new building of the Medical Society of the County of Kings—the following officers were elected for 1900-1901: President, H. P. de Forest; vice-president, Archibald Murray; secretary, H. G. Webster; treasurer, W. G. Reynolds; librarian, J. M. Van Cott, Jr.

Decorated.—Dr. William Braisted, of the United States navy, has been decorated with the Order of Bolivar by President Castro for rendering medical service to the Venezuelan soldiers who were wounded in the capture of Puerto Cabello last fall. He is surgeon on the *Detroit*.

Evanston Hospital.—Evanston Hospital is to be the recipient of a gift of $50,000 from Mrs. Herman D. Cable, $25,000 of which will be devoted to the erection of the Herman D. Cable Memorial Building and the remainder to the maintenance of a children's ward therein as a memorial to the daughter of the donor—Anita Hutchins Cable Ward.

Roentgen Society of the United States.—The Roentgen Society of the United States is a recently organized x-ray guild composed of physicians, surgeons, dentists, and radiographers, the first regular meeting of which will be held in New York in December of this year. Dr. Heber Robarts, of St. Louis, is president; J. Rudis Jicinsky, of Cedar Rapids, Iowa, is the secretary, and the American X-ray Journal, of St. Louis, is the official organ.

New German Hospital in New York City.—We learn from the Medical Record that a new German Hospital building will soon be erected at the corner of Lexington Avenue and Seventy-seventh Street. The cost of the new building, and of alterations

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to the building adjoining this site, and now used as the woman's ward of the hospital, will be $150,000.

Medical Examiners of Washington.—The election of officers of the State Board of Medical Examiners resulted as follows: President, P. B. Swearenger, Tacoma; vice-president, C. E. Grove, Spokane; secretary, W. G. Tucher, Port Townsend; treasurer, J. H. Dumon, Centralia.

Ann Arbor Medical Club.—At the recent annual meeting of the Ann Arbor Medical Club the following officers were elected for the ensuing year: President, Dr. James R. Arneill; vice-president, Dr. James R. Breakey; secretary and treasurer, Dr. John William Keating.

Medals Bestowed.—The Association A. M. A. medal was awarded to Dr. A. L. Benedict, of Buffalo, and the Senn medal to Dr. F. Gregory Connell, of Chicago.

Long Island State Hospital.—Dr. George O'Hanlon, of King's Park, has been appointed first assistant physician at the Long Island State Hospital.

Regeneration of Nerve-trunk. — Professor Garre, after extirpation of the Gasserian ganglion, three years later found the regenerated trunks, which contained normal nerve-fibres, endoneurium, and perineurion, all free from signs of degeneration. Repeated attacks of neuralgia in spite of resection of the trigeminus led to this remarkable operation and observation of the ultimate result, thus proving that no surgical procedure is absolutely infallible in the treatment of facial neuralgia.—Medical Times and Hospital Gazette.

American Medical Editors' Association.—At the annual meeting of this association, held in Atlantic City, the following officers were elected for the ensuing year: President, Dr. Alexander Stone, of St. Paul; vice-president, Dr. Charles F. Taylor, of Philadelphia; treasurer, Dr. S. W. Kelley, of Cleveland; secretary, Dr. O. F. Ball, of St. Louis. The next meeting of the association will be held in St. Paul in June, 1901.

Scholarships of the American Medical Association. — In accordance with the recommendation of Dr. Keen in his presidential address, the trustees of the American Medical Association have established a fund of $500 to be expended annually for the encouragement of scientific research, but no sum given to any individual shall exceed $100 at one time.—Medical Record.

Royal College of Surgeons. — Mr. A. Cooper and Mr. Tweedy have been reelected to the council of the Royal College of Surgeons. Dr. Ward Cousins and Mr. Pearce Gould were chosen to fill the other vacancies.

Bequest to Chicago Hospitals.—The will of the late T. B. Blackstone devises $25,000 to the Passavant Memorial Hospital and $25,000 to St. Luke's Hospital.

Burlington (Iowa) Hospital.—The Burlington Hospital has received a gift of $5000 from Mr. E. Hageman of that city. The money is to draw interest during his life, and at his death go unconditionally to the hospital.

Chicago Medical Society. — The following officers were elected for the ensuing year: President, James H. Stowell; first vice-president, Alexander Hugh Ferguson; second vice-president, Adolph Gehrmann; secretary, S. C. Plummer, Jr.; treasurer, Robert H. Harvey; trustees, William H. Wilder, for the Ophthalmological Society; John Ridlon, for the Orthopædic Society; and E. J. Doering, for the Medico-legal Society.

The Little Girl's Composition.—At a recent school examination for girls this composition was handed in by a girl of twelve: "The boy is not an animal, yet they can be heard to a considerable distance. When a boy hollers he opens his big mouth like frogs; but girls hold their tongue till they

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are spoken to, and then they answer respectable and tell just how it was. A boy thinks himself clever because he can wade where the water is deep. When the boy grows up he is called a husband, and then he stops wading and stays out nights; but the grown-up girl is a widow and keeps house."

A Divinity Student Routed.—"One day we were traveling across the plains in the caboose of a freight train," writes Rev. Cyrus Townsend Brady of his experiences as "A Missionary in the Great West," in the August Ladies' Home-Journal. "A young divinity student was with us. He was one of the ambitious kind of divinity students who wreck a parish or two when they begin, and finally drift upon the ecclesiastical bargain-counter. He was ready to argue about anything with anybody. A greasy, dilapidated-looking tramp came into the caboose at one of the stations at the end of a division, and presently engaged in a heated discussion with the young theologue on the disadvantages of education. He maintained the affirmative —that the less a man knew, and the less education he had, the happier he was— with so much skill and adroitness, and showed such mastery of logic and literature, that he routed the poor boy—horse, foot, and dragoons—so effectively that the young man rose and went out on the platform to hide his chagrin, leaving the supposed tramp chuckling over his pipe in huge enjoyment at his easy victory. The Bishop had listened without saying a word, and when the student left he turned to the man and inquired sharply: 'What college are you from, sir?' 'Yale!' answered the man without thinking. The unlucky admission destroyed the man's argument, for he was a living example of the fallacy of his own proposition."

The Lane Lectures for 1900.—The fifth course of the Lane Medical Lectures, inaugurated in Cooper Medical College in 1896, will be given in 1900 by Sir Michael Foster, Professor of Physiology, University of Cambridge, England. The subject of the lectures will be the history of physiology, each lecture being devoted to one or more of the great physiologists and to the discoveries connected with their names.

Pennsylvania Hospital.—Dr. Robert G. Le Conte has been elected surgeon to the Pennsylvania Hospital in succession to the late Dr. John Ashhurst, Jr.

The Red Badge "in Hock." — Hamlin Garland in a sketch of Stephen Crane in the Saturday Evening Post says:—

"When Crane came next day he brought the first part of a war-story which was at that time without a name. Such mastery of details of war was sufficiently startling in a youth of twenty-one who had never smelled any more carnage than a firecracker holds, but the seeing was so keen, the phrases so graphic, so fresh, so newly coined, that I dared not express my admiration.

"The next day I asked for the other half of the novel. 'We must get this published at once,' I said. 'It is a wonderful study. A mysterious product for you to have in hand. Where is the other part?'

"He looked very much embarrassed. 'It's in "hock,"' he said, 'to the typewriter.'

"We all laughed; but it was serious business to him.

"'How much is it "hung up" for?'

"'Fifteen dollars!'

"I looked at my brother. 'I guess we can spare that, don't you think?'

"So Crane went away joyously and brought the last half of 'The Red Badge of Courage,' still unnamed at the time. He told us that the coming of that story was mysterious, and I can believe it. It literally came of its own accord like sap flowing from a tree.

"I had given him a letter to a Syndicate Press Company, and with them he had left the manuscript of his war novel. In a

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letter written in November, 1894, he makes sad mention of his lack of success:

"'My Dear Friend: So much of my row with the world has to be silence and endurance that sometimes I wear the appearance of having forgotten my best friends, those to whom I am indebted for everything. As a matter of fact, I have just crawled out of the fifty-third ditch into which I have been cast, and I now feel that I can write you a letter which will not make you ill. ——— put me in one of the ditches. He kept The Red Badge six months until I was near mad. Oh, yes—he was going to use it, but——. Finally I took it to B. They used it in January in a shortened form.'"

An Experimental Contribution to the Knowledge of the Toxicology of Potassium Chlorate.—S. J. Meltzer contributes an article based upon the study of experiments made by others, and upon a series made by himself at the Columbia University laboratories. He presents an analysis of the existing experimental data, pointing out some of their shortcomings, and presents some new experimental facts. On introducing potassium chlorate into the peritoneal cavity of rabbits, the animals died thirty-eight hours later in convulsions, especially of the respiratory muscles. This led to a study of the effects when the substance was injected into the brain. Opisthotonos was usually the first symptom. Tonic contractions soon gave way to clonic convulsions. With strong solutions, violent tetanic convulsions were produced. The experiments show the drug to be a strong poison for the nerve-cells, which are first excited, then paralyzed. On introducing it into the circulation it seems fair to assume that a certain amount reaches the brain in sufficient concentration to excite and paralyze, especially the respiratory centre.—Medical Record.

Honorary Fellows. — At the centenary celebration of the Royal College of Surgeons in London, Drs. Robert F. Weir, of New York, and William W. Keen, of Philadelphia, were given diplomas of honorary fellowship in the college.

Two Forms of Pseudomeningitis due to Lumbricoides.—Dr. Mériel gives the history of a child, 10 years of age, who, after a purulent discharge from the ear, fell sick with all the symptoms of meningitis, which was at first attributed to extension of inflammation from the ear. The ordinary period of five or six days passing and the symptoms continuing unchanged caused a doubt that led to careful inspection of the stools. The result was that two lumbricoid worms were discovered, and a few days after their discharge convalescence set in. In the second case there were in a 9-year-old child immobility of the head on the pillow, rigidity of the neck, and other symptoms pointing to meningitis, with delirium, convulsions, etc. Santonin and calomel were given as in Case I, and after four ascarides were passed the child recovered.—Medical Record.

Academy of Medicine.—At the last election of the French Academy of Medicine M. Sevestre was elected by a large majority a member of the section of therapeutics.

Book Reviews.

The City for the People, or the Municipalization of the City Government and of Local Franchises. By Frank Parsons, Lecturer in Boston University Law School, Member Boston Bar, etc. Published by C. F. Taylor, Philadelphia.

This work was undertaken at the instance of our friend and colleague, Dr. C. F. Taylor, editor of the Medical World, whose ardent interest in public questions is so well known. It deals with some of the most important subjects which can concern the citizens of this country. The book is a long and elaborate argument in favor of the public ownership of valuable franchises, such as street-railways, telephones,

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telegraphs, electric lights, gas-works, water-works, and all those great enterprises so necessary to municipal life, but many of which are diverted to the financial benefit of a few individuals. The author presents in a very able manner the arguments in favor of the public ownership of such enterprises as have been named, and discusses in detail the objections which have been raised against the proposed measures. It is not monopoly in itself that is bad, says he, but *private* monopoly. Monopoly *per se* is good, because it means diminution of internal conflict between the leaders of industry. It is a part of the author's plan that public works should be under the control of non-partisan boards, which must be composed of members from each of the leading parties.

The leading objection to public ownership is the "danger of increased patronage and the spoils system, whereby the public ownership of monopolies becomes a source of danger in politics." According to the author, the remedy is not to close the door to public ownership, but to open it wide. "The spoils system itself is nothing, but private ownership of the government. Establish full public ownership of the government as well as of other municipal monopolies and there will be no danger from patronage."

Surgical Anatomy. A Treatise on Human Anatomy in its Application to the Practice of Medicine and Surgery. By John B. Deaver, M.D., Surgeon-in-Chief to the German Hospital, Philadelphia. In Three Volumes. Illustrated by about 400 Plates, nearly All Drawn for this Work from Original Dissections. Volume II. Neck; Mouth; Pharynx; Larynx; Nose; Orbit; Eyeball; Organ of Hearing; Brain; Male Perineum; Female Perineum. Philadelphia: P. Blakiston's Son & Co., 1900.

The second volume of this important and admirable work is continued in the same satisfactory and useful style that we noted in the first number. The present issue includes descriptions of many of the most important organs and regions of the body, both from the medical and surgical points of view. The most delicate and dangerous operations of surgery involve the neck and brain. It is highly essential that the surgeon have the topographical anatomy of these regions engraved indelibly upon the tablets of his memory. He must be ready to recognize the changes and displacements which may have been caused by disease. In acquiring a knowledge of the relationships of structures in this part of the body the work before us will certainly be of invaluable assistance. The external points corresponding to the position of cerebral areas are distinctly indicated, and the convolutions of the brain are likewise clearly figured. The location of the inner parts of the organ of hearing are also outlined with the utmost care.

The perineum is another locality where, in certain contingencies, the surgeon must proceed very warily and with full knowledge, not only of the normal anatomy of the parts, but also of the variations which may be wrought in its components by the action of disease or injury. All the landmarks are accurately delineated in the work; so that for this portion alone it may be commended as of special value.

The text of this publication is clear and comprehensive, though not diffuse. The magnificent plates are, in themselves, a feature of decided import. Altogether, the possessor and student of Deaver's "Surgical Anatomy" is possessed of a competent and reliable guide to the intricacies of the subject as it appeals to the operative surgeon, the personage for whom the book has been designed and executed.

A Treatise on Appendicitis. By John B. Deaver, M.D., Surgeon-in-Chief to the German Hospital, Philadelphia. Second Edition, Thoroughly Revised and Considerably Enlarged. Illustrated with 22 Full-Page Plates. Octavo, $3.50 net. P. Blakiston's Son & Co., Philadelphia.

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Another admirable treatise from the pen of the same author comes to us at the same time. Dr. Deaver's name has been so intimately and indissolubly associated with this special and exceedingly important field of surgery that it is not surprising that already a call for a second edition should have been made. The direct, practical, and instructive style in which this book is written no doubt goes far to impress the reader with the soundness of the views therein advocated. With the exceptional experience which its author has enjoyed, its pages are as nearly authoritative as anything can possibly be in such a progressive science and art as surgery.

The literature of appendicitis is so extensive that the student and practitioner owe a debt of thanks to Dr. Deaver, who has done so much to simplify the subject so that its bearings can be rationally comprehended.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Volume II, 1900. Octavo, Handsomely Bound in Cloth, 401 Pages, with 81 Engravings. Lea Brothers & Co., Philadelphia and New York. Issued Quarterly. Price, $10.00 per Year.

Each volume of this series is of interest and importance. Each is a faithful record, prepared by experienced writers, of the advance and present position of the various departments of medicine in the broadest sense. Those who are in charge of different branches are chosen on account of their familarity with the subject and the original work of investigation or operation which they have performed. The result is that we have not a mere compendium of more or less important facts, but a mass of information in which the gains of true advance have been selected from much of doubtful value. It is the aim of the editor and his coadjutors to present to the professional public the net results of experience in their several spheres, and in this commendable aim we are happy to say that they have signally succeeded. Those who have prepared this volume are Dr. William B. Coley, Dr. John G. Clark, Dr. Alfred Stengel, and Dr. Edward Jackson. These writers possess special qualifications for producing a reliable volume upon the subjects to which it is dedicated.

Diseases of the Eye. By Edward Nettleship, F.R.C.S., Ophthalmic Surgeon of St. Thomas's Hospital, London, etc.; Revised and Edited by William Campbell Posey, A.B., M.D., Ophthalmic Surgeon to the Howard and Epileptic Hospitals, Philadelphia, etc. Sixth American from the Sixth English Edition. With a Supplement on "Examinations for Color-blindness and Acuity of Vision and Hearing," by William Thomson, M.D., Emeritus Professor of Ophthalmology in the Jefferson Medical College of Philadelphia. With 6 Colored Plates and 192 Engravings. Lea Brothers & Co.: Philadelphia and New York, 1900.

Mr. Nettleship's work has been so favorably known in this country no less than in England that the reviewer has a superfluous task in commending its merits. Within moderate limits the essential facts relative to the symptoms, causes, diagnosis, and treatment of diseases of the eye and anomalies of vision are given so graphically as to have made this book a favorite. The American editor has interpolated sections or paragraphs representative of views and practices adopted in this country whenever there is any divergence from those current in England. None is better qualified to write upon color-blindness than Dr. Thomson. who has given particular attention to that subject.

A Hand-book for Nurses. By J. K. Watson. M.D.Edin., Late House Surgeon, Essex

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and Colchester Hospital, etc. American Edition, under the Supervision of A. A. Stevens, A.M., M.D., Professor of Pathology in the Woman's Medical College of Pennsylvania, etc. Philadelphia: W. B. Saunders, 1900. Price, $1.50 net.

In this useful work Dr. Watson lays down the principles which underlie efficient nursing and has succeeded to a notable degree in conveying such instruction in fundamental branches as will give the nurse an intelligent conception of her occupation. It is by no means necessary that the nurse should be intimately acquainted with anatomy, physiology, and chemistry, but she should understand the importance of significant symptoms and should be able to follow implicitly the directions of the medical attendant. The student of this little volume will certainly receive reliable instruction in the essentials of her profession.

Forty Years in the Medical Profession: 1858 to 1898. By John Janvier Black, M.D., Member of the College of Physicians of Philadelphia, Member of the Delaware State Medical Society, etc. Philadelphia: J. B. Lippincott Company, 1900.

We have been very much interested in reading these reminiscences, which are full of local, as well as general, interest. Every well-spent life possesses both interest and instruction. Dr. Black has lived and practiced his profession in times which have seen such revolutionary changes that they might well be described as "dissolving views." With alert mind the author has kept himself in touch with all improvement, and is, consequently, as truly representative of his period in this year of grace as he was forty years ago. The author obtained the chief part of his medical education in Philadelphia, and was a resident in the Philadelphia Hospital, under the elder Gross, the elder Pancoast, and Agnew. Subsequently he studied in Europe. The places, men, scenes, and incidents of this extended medical experience are related in his work in an easy, agreeable style, which chains the attention of the reader.

The Refraction of the Eye. A Manual for Students. By Gustavus Hartridge, F.R.C.S., Senior Surgeon to the Royal Westminster Ophthalmic Hospital, London. Tenth Edition. 1900. Illustrated. 12mo. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price, $1.50 net.

The correction of errors of refraction constitutes a large part of the ophthalmologist's work. This book has been deservedly successful, owing to its direct and logical mode of presenting its subject, leading the student step by step from the general laws of optics to their particular application to given cases. It is an excellent manual, and can be recommended as a faithful guide. The present edition has been thoroughly revised in order that it may truly represent the present state of knowledge.

Medical and Surgical Nursing. A Treatise on Modern Nursing from the Physician's and Surgeon's Stand-point, for the Guidance of Graduate and Student Nurses, together with Practical Instruction in the Art of Cooking for the Sick. Edited by H. J. O'Brien, M.D., Professor of Clinical Surgery in Hamline University, etc. G. P. Putnam's Sons, New York and London, 1900.

This work is composed of a number of contributions by prominent members of the profession in St. Paul and Minneapolis, connected with the teaching staff of Hamline and the University of Minnesota. The writers are all men of wide experience, and perfectly familiar with the subject of nursing as applied to various departments of medicine and surgery. It treats of matters which the nurse should know in order to fulfill with acceptance and success her important duties. Based upon sound principles, the details have been described with much good judgment.

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COMMERCIAL NEWS.

THE TREATMENT OF CATARRHAL CONJUNCTIVITIS.

By Milton P. Creel, M.D.,
central city, ky.

Either as it appears as a simple catarrhal inflammation of the conjunctiva, affecting one individual, or when it is encountered in an epidemic, there is no doubt but that catarrhal conjunctivitis is an affection of great importance. This affection is essentially simple, but if allowed to go along without correct treatment it may terminate in entire loss of vision. However, if the affection be given proper and timely attention, it yields with great readiness to treatment.

Either as simple catarrhal conjunctivitis seen in a single individual or when the affection manifests itself in the epidemic form, the treatment is essentially the same. Of course, individual peculiarities in each case make certain indications fitting and even imperative. One thing which a large experience with the disease has taught me is: that prompt and systematic treatment must be instituted in every case. Often patients with strumous diathesis will have chronic conjunctivitis, and persons whose health is poor will also have protracted forms of the affection, with the loss or great impairment of sight, when if proper and timely treatment had been instituted a cure could have been effected within a very short time. In the treatment of catarrhal conjunctivitis there have been many mischievous measures brought to bear.

All and everything which produces irritation will render all the elements in the case worse. We must never employ strong solutions. A lotion composed of 10 grains of sulphate of zinc to an ounce of distilled water will aggravate any case. All lotions must, of necessity, be mild and soothing.

As a curative means I have come now to rely on what I term antiseptic treatment. This has been productive of better results in my hands than the old-time remedies.

In carrying out this treatment I first have the nurse to bathe the eyes thoroughly with this antiseptic mixture:—

℞ Hydrozone, ʒj.
Aquæ, q. s. ad ʒiv.

This mixture is used three or four times daily, as the case may appear to demand. Just as often as this mixture has been copiously applied and the eyelids have been dried, I apply by means of an ordinary glass medicine-dropper, 2 drops of Marchand's eye-balsam.

This remedy reaches every part of the conjunctiva by the movements of the lids, and it is not irritating; the patient generally makes rapid progress to recovery.

By this treatment I have found my patients to recover in from thirty-six hours to three days. In fact, my success has been such that I now rely upon this treatment entirely in this affection.

Four months ago an epidemic of catarrhal conjunctivitis broke out in a boarding-school. I was called, and ordered these remedies used on every case that presented itself. The nuns told me that all the cases got well speedily.

Mr. Samuel S., aged 39. This patient had been suffering, as he put it, with "sore eyes" for three days. It was a simple case of catarrhal conjunctivitis, but gave him great discomfort. On the treatment described above he entirely recovered in two days.

Mrs. Laura S., aged 22. This patient thought she had something in her eye, but examination revealed catarrhal conjunctivitis. On this treatment she made a speedy recovery.

These are only two of the several hundred cases treated on the antiseptic principles.—Medical Summary.

Warner's New Therapeutic Reference-book.

Regarding this hand-book of therapeutics, we wish to say it is one of the very few guides of its kind now offered students and

(Continued on Advertising Page 18.)

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INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

WARNER'S SOLUBLE HYPODERMIC TABLETS.

	Per Bot. 100 Tab.	Per Tube 20 Tab.
MORPHINE SULPH., ⅛ gr.	85	20
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MORPH. AND ATROP., No. 2 — Morphine Sulph., 1-6 gr. Atropine Sulph., 1-180 gr.	45	13
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MORPH. AND ATROP., No. 4 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-100 gr.	55	15
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MORPH. AND ATROP., No. 7 — Morphine Sulph., 1-6 gr. Atropine Sulph., 1-150 gr.	45	13
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MORPH. AND ATROP., No. 9 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-200 gr.	55	15
MORPH. AND ATROP., No. 10 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-120 gr.	60	16
MORPH. AND ATROP., No. 11 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-60 gr.	65	17
MORPH. AND ATROP., No. 12 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-120 gr.	65	17
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MORPH. AND ATROP., No. 14 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-120 gr.	90	22
MORPH. AND ATROP., No. 15 — Morphine Sulph., ¼ gr. Atropine Sulph., 1-100 gr.	90	22

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Fresh Cow's Milk and { STERILIZATION or PASTEURIZATION

Are Very Important Factors in Successful Infant Feeding, and are duly recognized in the directions for preparing

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for administration. When prepared according to directions Fresh Cow's Milk is used, and a Sterilization or Pasteurization of the milk (whichever is preferred by the physician) is called for.

Dr. A. Jacobi, an admitted authority, states:

"Boiling, sterilization or pasteurization is indispensable, partly to destroy the bacterium aerogenes, partly to render inocuous such pathogenic germs as may have been admitted during the long time which elapsed between milking and consuming."

Samples and Clinical Reports Furnished Upon Application.

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busy practitioners. As its preface states, it is not intended to teach graduates anything about therapeutics, but is to be regarded rather as a handy aid to a poor memory. Many exceedingly valuable tables are represented, including the metric table, thermometric equivalents, etc.; valuable tests for various matters, including urinary tests for albumin, sugar, etc.; comparative values of certain foods, a complete dose-table of drugs, a list of diseases and their remedies, hints as to indications of pregnancy, recommendations as to post-mortem examinations, etc. The brief mention above gives but a faint idea of the many valuable departments of this new book.

The subjects are interesting and are written in such a manner as to give a comprehensive idea of what is in the author's mind. "Warner's New Therapeutic Reference-book" must not be confused with "Warner's Therapeutic Reference-book." The latter has been discarded, the new one taking its place. So many new features have been added and the other parts entirely rewritten to a great extent, that it may be termed a new book.

It is bound in two styles, one leather at 50 cents, and the other a leatherette at 25 cents per copy, postage prepaid in both instances.

Infant-feeding.

The subject of infant-feeding is one of the utmost importance, especially during the heated term, and should receive the most careful consideration. In this connection we would call the attention of our readers to the book of receipts furnished by The Maltine Company. A request from any physician is all sufficient for the procuring of one of these books, which is bound in convenient size for vest-pocket.

Suprarenal Therapy in Hay Fever.

Extract of the suprarenal capsules is superior to all other remedies in the treatment of hay fever. It may be used both locally and internally. Locally it should be applied in the form of an aqueous solution, 6 to 12 per cent. strong, by means of a spray, on pledgets of cotton or by cataphoresis. Internally, in doses of 2 to 3 grains, the extract of suprarenal capsules reduces the turbinate bodies, lessens the irritation, stops the sneezing and discharge, and controls the vasomotor vessels of the nose. The extract should be given until giddiness or palpitation is observed, or until the nasal membrane shows that the vasomotor paralysis is under control, when the dose should be diminished. If the disagreeable symptoms reappear, increase the dose until the patient is again comfortable.

The results from the use of extract of suprarenal capsules in the treatment of hay fever entitle it to be classified as a specific.

Physicians with patients troubled with hay fever should, by all means, give them the benefit of the suprarenal therapy.

Extract of suprarenal capsules in powder and tablets may be obtained from Armour & Company.

Disorders of the Renal Function.

Maizo-lithium given in teaspoonful doses in large draughts of cold or hot water or in buttermilk is more frequently indicated, more economical, extensive in action, and definite in results than the expensive mineral waters which enjoy such a wholesale reputation in the treatment of disorders of the renal function.—Medical Essays.

Cortexalin (Wine of Barks).

A medicinal wine with fine old Burgundy as a base, in which has been incorporated such well-known bitter tonics as gentian, cinchona rubra, calumba, damiana, and nux vomica, is being introduced to the profession in a purely ethical manner, as its exact chemical formula will be furnished to any physician who so desires.

In all cases of neurasthenia its use is followed by the most beneficial results, especially in conditions existing from, or follow-

(Continued on Advertising Page 20.)

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PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Tar Soap.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

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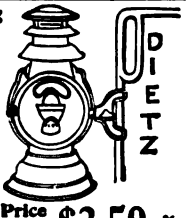

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by the administration of ichthyol. The patient took sick with cystitis in the middle of March, 1898. For more than a year she was treated in the usual way with diet, medicaments, mineral waters, and irrigations, without attaining any improvement. The diagnosis was made of tuberculous disease of the bladder, and at the date of the report the doctor was satisfied that the case was one of tuberculosis of the kidney, because all the diagnostic symptoms which Dr. König states to be characteristic of the affection were present. The urine was turbid, contained albumin, epithelium in various amounts, pus-corpuscles, at times also blood and blood-corpuscles; never any casts. The painful vesical tenesmus, which steadily got worse as the disease progressed, made life a torture. The patient had to abandon her position early in the disease, lost appetite, became bedridden, had fever, and progressively got paler and thinner. Then cough and muco-purulent expectoration set in.

The injections of iodoformized oil, which had been prescribed by a specialist, were discontinued on the solicitation of the patient and her relatives, who decided henceforth not to have anything more done in the case, inasmuch as the disease steadily grew worse in spite of the most painstaking treatment. The condition was regarded by all as a hopeless one. Dr. Richter, at this juncture, pleaded for at least one further trial, and that with ichthyol. This drug was then employed. It was at first given in doses of 25 drops, and gradually increased to 70 drops, three times daily, well diluted. This enormous quantity was taken every day uninterruptedly for months without repugnance and without any by-effects. At the date of the report, the patient had consumed more than five kilos (11 lbs.); she had resumed her occupation, looked healthy, and had no feeling at all of illness. The urine was still slightly cloudy and contained traces of albumin.

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXII. PHILADELPHIA, SEPTEMBER, 1900. No. 9.

Clinical Lectures.

PSORIASIS.—EPITHELIOMA.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

PSORIASIS.

CASE I.—Gentlemen, our first patient this morning is a man, 60 years of age, who has for four years been afflicted with a severe, chronic, and rebellious disease of the integument. An extremely-abundant eruption exists upon the chest, back, upper and lower limbs. It first made its appearance upon the ankles. The affected surfaces are red, dry, infiltrated and covered with thick, white scales. Here and there the lesions are separated by spaces of healthy skin, but so extensive is the morbid process that nearly the entire surface is occupied by the eruption. That the scales exfoliate or are rubbed off by the friction of the clothing is amply attested by their accumulation upon the undergarments, as you can all perceive. The rash has never been accompanied by any moisture. It has been dry from the beginning and has given rise to considerable itching. The lesions consist of papules and large patches caused by the aggregation of papules. At the present time the patches notably preponderate, but the patient tells me that the disease begins in the form of what he calls a dry pimple—*i.e.*, a papule;—and that this papule soon becomes surmounted by a white scale. He would frequently at first pick off such scales or would pull them off unintentionally in the act of scratching, and observed on such occasions that a bleeding-point was left where the scale had been attached to the surface. The man is subject to pains in the joints and has also some nervous symptoms. Nevertheless, he thinks that his general health is good for one of his age.

The foregoing account, coupled with the objective appearances, which you can all verify, contains the essential points of the diagnosis. A dry, scaling papule, or patches due to the confluence of such papules, with intervals of perfectly-healthy skin, covered with silvery-white scales, points to but one disease. That it is not of syphilitic nature is shown by its persistency under the same form, the absence of other lesions, and the complete uniformity of the clinical picture. The eruption of syphilis is polymorphous, and at the close of the fourth year of a case of ineffectively-managed syphilis we should witness ulcers, cicatrices, and gummy growths. The case cannot be one of eczema, because in that disease there would have been vesicles and moisture at times, with the formation of crusts as distinguished from

[1] Delivered in the amphitheatre of the Medico-Chirurgical Hospital.

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scales. A crust, or scab, is due to the inspissation of fluid, as serum, pus, or blood. Where there has been no moisture, or discharge, there can be no crusts. Conversely, when we see crusts, we know that there has been extravasation or exudation. Nothing of the kind exists in the present case. Scales are masses of dead, agglutinated, epithelial cells. Both crusts and scales are secondary lesions, and are consecutive to an anterior and primary form of eruption. The disease before us, in fact, answers in every feature to the description of psoriasis, and is a typical instance of that affection.

Case II.—The next patient is a little girl, 8 years of age, who, for more than four years, has been the victim of a rash which has, at various times within that period, covered the greater part of the body, as, indeed, you see that it does to-day. The eruption troubles the child on account of its frequent and severe itching. The child's scalp is dry and contains some spots of the disease. She sometimes scratches it until it bleeds. The patient is pale and listless, although she never makes any complaint except of the itching. Her bowels are regular. Between the diseased spots the skin is perfectly healthy. The history of this case agrees very closely with that of the preceding patient, and the lesions are identical except that they exist as scattered spots, and are not conglomerated into large patches. This is an example of "psoriasis punctata."

In each of these two cases the original lesion is the papule, which becomes tipped with the scale. They differ widely, however, as regards the diffusion of the lesions. In the case of the man the universality of the invasion is so marked that it may be classed as "psoriasis diffusa" or "universalis." Between the two extremes are many varieties. In one distinctive form the scaly spots resemble spots of mortar thrown on the skin, and this is described as "psoriasis guttata." In some instances the scales fall from the centre, but remain upon the peripheral parts of the patch, producing an annular figure. In other cases adjoining margins impinge upon each other, forming serpiginous outlines. In all cases there is a complete absence of moisture. Psoriasis exhibits a predilection for certain parts of the body. Thus, it is especially frequent below the knees and behind the elbows. It often confines itself principally or entirely to those localities. The scalp is another favorite region of attack. Itching, although a prominent symptom in both of to-day's cases, is not nearly so common and distinctive in psoriasis as in eczema.

In psoriasis there is enlargement of the papillæ, with amplification of their vessels and hyperplasia of the epithelial cells, the latter element constituting the characteristic scales.

The causes of the disease are various. It may arise from local irritation when this operates in conjunction with a constitutional condition productive of faulty nutrition of the integument. It may be due to disorder of the nervous system. Occasional cases have been witnessed after severe fright or other intense emotion. The commonest cause of psoriasis, however, is alterations in the composition of the blood, such as occur in consequence of chronic gastro-intestinal catarrh and especially in a rheumatic or gouty state of the system.

The foregoing statements indicate that, far from being able to rely upon local applications alone or principally, these play but a subsidiary and minor rôle. We need to attack the affection at its root, so to speak, and remedy those disturbances of the nervous system or modifications of the blood which have induced the lesions of the integument. The malady is chronic and rebellious, and demands the utmost patience on the part of both the sufferer and the physician. In all cases it is important to keep the bowels loose and the kidneys active. It is of assistance likewise to promote the functions of the skin by

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massage, baths, and diaphoretics. When we have reason to suspect a nervous origin, we should administer such remedies as silver nitrate, zinc oxide, gold and sodium chloride, valerian, or the bromides. In this class of cases the galvanic current is of promise. Such patients must abandon the use of coffee, tea, and tobacco, and must sedulously avoid all kinds of excitement. When the disease is due to an affection of the alimentary canal, we must take measures to alleviate the fundamental difficulty. Regulation of the diet, vegetable or mineral tonics, the mineral acids, and the digestive ferments are appropriate in such instances. In psoriasis dependent upon gout or rheumatism our best hope of success is the adoption of hygienic and dietetic rules, together with the administration of such remedies as colchicum, potassium iodide and other alkalies, guaiacum, salicylates, salicin, oil of wintergreen, etc. In cases of obscure derivation arsenic, either by the mouth or, in desperate cases, hypodermically, may be of conspicuous benefit. Sulphur and antimony, from their favorable influence on the nutrition and functions of the skin, are frequently of decided service.

As regards local management it is desirable to remove the scales as speedily as possible, in order to free the surface, to that extent, from disfigurement. This object may be accomplished by warm baths, the application of warm water, poultices, or oils. The rougher methods which have been practiced, such as friction with sand or soft soap, possess no advantages which compensate for the pain they produce. At all events, we should fully realize that mere removal of the scales by no means cures the disease.

After the scales have been cleared away it is of advantage to aid absorption of the infiltration by the application—in the form of ointment, paste, or lotion—of some mildly-stimulant material, such as tar in some of its forms, carbolic acid, creasote, a combination of sulphur, turpentine, a salt of mercury, naphthol, mercuric oleate, chrysarobin, etc. It is always better to begin with a comparatively-mild preparation and increase the strength gradually according to the exigencies of the case.

In applying these principles to the cases before us the man has been given Fowler's solution, and we shall continue this remedy, carefully noting its effects and increasing the doses if it is well borne and accomplishes good. If we should eventually be disappointed in its action we shall have recourse to that substance which I have already mentioned as exerting a beneficial influence both upon the blood and integument, because it is a normal constituent of those tissues, viz.: sulphur. This shall be given in small doses: 3 to 5 grains thrice daily, gradually increasing to 8 or 10 grains. As a local application to relieve the itching we shall prescribe:—

℞ Acidi salicylici, ʒj.
Resorcini, ʒss.
Acidi carbolici, ʒss.
Calcii sulphidi, ʒss.
Unguenti zinci oxidi, ℥j.
M. et ft. ungt.

Our second patient, the little girl, on account of her anæmia and defective nutrition, will be most efficiently treated by means of iron and codliver-oil. The former remedy will be administered in the form of the syrup of the iodide and in the dose of $^1/_2$ drachm thrice daily, while the oil shall be given in conjunction, 1 drachm at each dose. The local treatment will consist of an ointment thus composed:—

℞ Acidi salicylici, ʒss.
Sulphuris sublimati, ʒss.
Unguenti zinci oxidi benzoati, ℥j.
M. et ft. ungt.

Epithelioma.

Case III.—A woman, 60 years of age, comes to us on account of a sore upon the nose. Her statement is that the skin was

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free from any lesion until about two months ago, when she received an injury upon the nose. After the accident there was some swelling, which soon subsided, but not long subsequently she observed that there was in the same situation a hard outgrowth, which she likened to a wart. The lesion has not pained spontaneously, but is somewhat sensitive to pressure. It now presents the form of a hard, dry tubercle, covered by a crust which dips downward into the substance of the growth and thus indicates that there has been destruction of tissue. Scattered here and there over the integument are pigmentary patches which are beginning to undergo degeneration. She is not aware of the occurrence of such a disease in any other member of her family.

Case IV.—A man, 54 years of age, has a lesion of very similar aspect upon the right cheek. It has been in existence considerably longer than that of the woman. He has noticed its presence for ten months, but for some time attached no importance to it, as it grew very slowly and caused but little pain. He fell into the habit, however, of picking at the sore, and made it bleed. Lately it has been enlarging at a much more rapid rate, and has become an open sore, not giving rise to much moisture or discharge, but the tumor feels hard when pinched up between the fingers. For several weeks past it has been the seat occasionally of pricking, darting pain. In neither this nor the preceding case is there any discoverable enlargement of the cervical glands.

These last two cases, of the elderly woman and man, evidently belong to the same category. Their aspect and their course have been alike with the non-essential difference in the length of existence.

It is sufficiently evident that we have not here to deal with syphilis. The cases do not bear the sign-manual of that disease in any of its stages. Setting aside the infrequency of the initial sore of syphilis in people of this age, unless accidentally and innocently acquired, a chancre would not exist without implication of adjacent glands and an outbreak of characteristic polymorphous exanthem. Nor can we regard these comparatively dry, single, slow, and superficial ulcers as of the same nature with the swiftly-forming, and often multiple, sores of tertiary syphilis, which, moreover, furnish an abundant yellow secretion. The age of the patient militates against the theory of lupus vulgaris. While it is undoubtedly true, as the records of this clinic amply show, that lupus, in not a few exceptional instances, delays its advent until the declining years of life, yet it is no less certain that such cases are exceptional and that in the large majority of cases lupus begins in early life. The nodules and tubercles of lupus are much softer than the lesions with which we are here confronted; the patches of that malady are surrounded by satellites, as it were, of nodules independently developed, but which sooner or later merge into the original growth, and the ulcers of lupus are attended by free suppuration. Furthermore, the nodules of lupus may be absorbed and the ulcers of lupus may heal.

These cases are unmistakably excellent examples of that affection which, as a rule with comparatively few exceptions, develops only with advancing age, viz.: epithelioma. This variety of carcinoma occurs preferably upon the face. The lower lip is a very favorite locality. The disease also manifests some partiality for the genitals. Mucous membranes are likewise the subjects of its attacks.

Epithelioma exhibits several subvarieties. There is a superficial form, of which both the present cases are examples, which originates in the upper layers of the skin, which breaks down into a superficial ulcer and which usually exists for quite long periods without burrowing deeply or contaminating the constitution. In contradistinction to this species we meet with one

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which involves the deeper parts of the integument, ulcerates more deeply, involves the neighboring glands, and runs a more speedy course. A third form is known as the papillary epithelioma on account of the sprouting excrescences to which it gives rise. The progress of any form of epithelioma is generally accompanied by pain, which, in the deeper form, is frequently severe, although in the superficial variety, as we have seen exemplified to-day, the pain may be too slight to constitute a distinctive or diagnostic feature.

Like other kinds of carcinoma, epithelioma essentially consists of a mass of epithelial cells which have multiplied enormously, have burst the basement membrane upon which they were seated or by which they were inclosed, and have invaded the surrounding tissue. In this variety of tumor we perceive, when we study a section under the microscope, the cells of the rete mucosum dipping down between the papillæ like the fingers of a glove; in other instances the epithelial cells group themselves around each other concentrically, constituting what are aptly called "epithelial nests." We are still unacquainted with the exact cause of these growths, although it appears reasonable to think that in every case there may have been some long-continued source of irritation. Thus, men often suffer from epithelioma of the lip in consequence of excessive smoking, the pipe or cigar resting always at a certain spot and maintaining an almost constant irritation. The well-known "chimney-sweep's cancer" is looked upon as due to the action of particles of soot always in contact with the scrotum. I am at present attending a case of advanced epithelioma of the lip in which the incessant scratching of a broken tooth seemed to be the source of the mischief. Men are more subject than women to epithelioma.

The superficial is more amenable to treatment than the other forms of the disease. It may be removed by excision or destroyed by some chemical agent. If the glands have not been involved the growth, in a fair proportion of cases, will not return. In the deep-seated variety recurrence is common even after total extirpation. The papillary is the most destructive form of the disease.

Both the cases now before us are of the superficial form and afford a comparatively favorable prognosis. I have succeeded in many cases in destroying the growth and been rewarded by obtaining a permanent cure, or, at least, a freedom from recurrence extending over a considerable number of years. In the woman's case the skin surrounding the tumor is so deteriorated that the wound would not heal favorably, and for that reason I shall curette the surface thoroughly and afterward apply carbolic acid. The same method shall be followed in the case of the man, as he determinedly refuses any intervention by the knife. It may be of service to place these patients upon small doses of arsenic, as their general condition is still fairly good, and this drug seems to exert a retarding influence upon epitheliomatous growths. We shall make use of arsenous acid in doses of $^1/_{20}$ grain. The following ointment shall be ordered for the man, to be kept applied to the surface after the operation:—

℞ Unguenti plumbi subacetati, ℥ij.
Unguenti zinci oxidi benzoati, ℥ij.
Acidi salicylici, gr. x.
Acidi carbolici, ♏x.

M. et ft. ungt.

PHOSPHATURIA.[1]

By George W. Pfromm, M.D.,
Assistant Professor of Therapeutics in the Medico-Chirurgical College of Philadelphia.

Gentlemen: We have before us this morning a case, interesting in itself and from a diagnostic point of view. I may

[1] Delivered in the amphitheatre of the Medico-Chirurgical Hospital.

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say at once that the patient was sent to the hospital thought to be suffering from diabetes mellitus. The patient is a man 48 years of age. His present illness began about a year ago, with pain in the back, from which it extended downward along the lower limbs as far as the ankles. There has been swelling of the ankle-joints. Some improvement took place, but two weeks ago the symptoms returned with all their original intensity. To-day the man is in a very nervous condition. He sleeps poorly, has headache and backache, and black spots dance before his eyes. He does not suffer from abnormal thirst. At present his appetite is poor. At times, however, it has been ravenous. He passes urine frequently, but in small quantities at a time. On many occasions he evacuates not more than an ounce of urine. This symptom denotes great irritability of the bladder. The fluid is of high specific gravity and of alkaline reaction. When allowed to stand for awhile the urine throws down an abundant whitish deposit. Examined under the microscope this material is found to be of crystalline character, consisting of the triple, or ammonio-magnesian, phosphate, together with the phosphate of calcium. In other words, the sediment is formed by alkaline phosphates. To this condition the term "phosphaturia" is applied.

Crystals of earthy phosphates are generally of a whitish shade, although they are sometimes of a reddish tinge from an admixture of blood. The crystalline nature can generally be recognized by the naked eye, but sometimes it can scarcely be distinguished from a cloud of mucus, and again it may be hidden by the presence of pus in the deposit. Therefore, in order to determine its true character, it is necessary for us to study the deposit under the microscope. Submitted to the chemical and microscopical tests, we are enabled to decide with confidence as to the composition of the sediment.

Phosphatic salts are insoluble in alkalies or by the aid of heat. They are readily soluble in acid media. The typical form of the ammonio-magnesian phosphate, as viewed under the microscope, is a triangular prism, but this is variously modified. In order to be able to distinguish these different forms of the same crystal we must devote hours to their study in the laboratory.

The chemical examination showed, also, that this patient's urine contained a very small quantity of sugar, not more, however, than is often found in normal urine taken from healthy people and to which the title "physiological glycosuria" is given. It is derived from the aliment, and does not indicate disease of those organs concerned in the digestion and assimilation of starchy and saccharine foods. Moreover, this trace of sugar is not always present in such urine, nor is it probable that we could always find it in that of the present patient. Nevertheless, considering that some sugar has been found in the urine of a man with such a history as the one before us, it is not strange that he should be looked upon as a subject of diabetes.

Here then looms up our point of diagnosis. We have a patient who is debilitated, whose nervous and muscular systems are weak and excitable, who is sometimes inordinately hungry, who does not sleep well, who has lost flesh and strength. All this, indeed, sounds very much like diabetes. On the other hand, the man has not been tormented by consuming thirst nor has the sum-total of urine passed *per diem* been excessive.

The phosphoric acid eliminated in the urine is produced by oxidation of the phosphorus of the proteids of the food, and when in excess is denotive of waste of muscular and, especially, nervous tissue. In this fact we have the rational explanation of the marked loss of strength which our patient has experienced. There is a form

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of disease in which an excess of phosphates co-exists with glycosuria, and this has been described under the title of "phosphatic diabetes." In the present case, however, the proportion of sugar in the urine is too insignificant, and, perhaps, temporary, to justify us in regarding the disease as diabetes in any form.

The wasting might suggest the idea of phthisis to our minds, but when we examine the man carefully we find neither the symptoms nor signs of pulmonary tuberculosis. We are, consequently, limited to the diagnosis of phosphaturia.

Phosphaturia sometimes occurs in consequence of injuries to the back. It may follow chronic gastro-enteritis with its defective digestion of food and diminished nutrition of the nervous system. Cases have been witnessed in which the gastric symptoms were so serious as to raise a suspicion of cancer of the stomach. An extreme or long-continued nervous or mental strain may produce phosphaturia. Functional and organic disorder of the nervous system may give rise to this condition.

From the history of this case and the aspect of this individual, with his pronounced nervous manifestations and emaciation, I conclude that he is the victim of neurasthenia, and that the phosphaturia is one of the manifestations of that unfortunate condition. It is known that slight glycosuria may accompany neurasthenia. The man is disposed to despondency and hypochondria.

The treatment of such patients is often difficult by reason of their peculiar mental attitude. Such a man is apt to brood over his state of health, "to study his own case," as he expresses it, and to besiege the physician with an endless series of questions and suggestions. Therefore, in order to meet with any success, it is essential, in the first place, and above all, that the medical adviser should assume absolute command of his patient. He must obtain the confidence and insist upon the implicit obedience of his patient. He must be firm, though never arbitrary, in his management. It is a consequence of this position that the life of the patient must, in certain respects, be governed by absolute rule. His habits must be directed in such a manner as to be conducive to the restoration of physical health and mental serenity.

Physical exercise is one of the methods by which a normal bodily and mental equilibrium may be restored. The form of exercise which we order must, of course, depend largely upon the strength of the patient, his natural or acquired tastes, and the condition of the weather or climate. Where practicable a change of residence and climate will achieve the happiest results. There comes into my mind now the case of a man afflicted with extreme phosphaturia, with marked emaciation and failure of nervo-muscular force, in whom the mere symptoms pointed strongly to diabetes, who is wonderfully benefited by removal every spring to a near-by suburb.

Exercise should be prescribed as carefully as we should order drugs. As far as possible the patient should have the advantage of the open air. It is desirable, furthermore, that the exercise should be made agreeable to the invalid and not be a monotonous routine in which he can take no pleasure. The length of time during which the physical activity is to be carried on must vary with different individuals and must principally depend upon the extent to which the original strength has been preserved. For the weakest people it must be of the gentlest character. With those in whom there has been less failure of strength exercise may be more brisk and of longer continuance. Light gymnastics or calisthenic movements answer an excellent purpose with a large proportion of patients. As improvement advances, the exercises may be gradually made more severe.

Regulation of the diet is of equal importance and requires the most careful con-

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sideration. Such articles of food should be permitted which are at once nutritious and easily digested. At the same time endeavor to avoid a strict sameness of diet which would be apt to defeat the object which we have in view. A monotony of diet soon palls upon the taste of the invalid, whose appetite is poor enough at the best. The food should also be served in as dainty a style as circumstances allow.

When, as is generally the case, the appetite is very feeble we must take measures to arouse it, and this leads us to the subject of treatment by medicinal agents. The mere administration of an acid, such as phosphoric, nitric, or acetic, for example, will cause the sediment to disappear, but will not counteract the causes which produced the excess. In order to accomplish this purpose it is necessary for us to correct, as far as possible, those faults of digestive or nervous systems which are responsible for the waste of phosphoric acid. The bowels must be regulated. In many of these cases the disturbance of the alimentary canal produces habitual constipation. Digestive ferments, intestinal antiseptics, and nerve-tonics have the most radical action, and may be beneficially combined in such a case as that now in our presence. Pepsin will often be useful on account of its influence upon the nitrogenous constituents of the food. Creasote is a valuable remedy where, as in this case, there is decided and troublesome flatulence as a result of perturbed digestion and gastric neurosis. Salol has an excellent effect as an intestinal antiseptic; quinine may be advantageously administered as a general tonic; strychnine is an efficient nerve-tonic, and is particularly serviceable in chronic cases dependent upon extreme gastric irritability; where nervous derangement has been a conspicuous feature a preparation of zinc renders us notable assistance; the valerianate is an efficient nerve-tonic, but, as the valerianic acid of this salt is of synthetic origin and is not equal to preparations of the plant as an antispasmodic, we should not prescribe it for such virtue, but only for its general action upon the nervous system; the phosphide of zinc is also possessed of energy in depressed states of the nervous system. As the patient improves, the salts of zinc usually exert particular influence for good, and the doses may, with much advantage, be gradually increased.

Acting upon the principles thus briefly outlined, we shall prescribe for our patient the following combination:—

℞ Pepsini pur., gr. ij.
Creasoti, *mj*.
Salolis, gr. iij.
Quininæ sulphatis, gr. ij.
Strychninæ sulphatis, gr. $^1/_{40}$.
Zinci valerianatis, gr. j.—M.

The above quantities may be given in one dose in capsule form after each meal; as the quantity will make rather too large a mass, it will be more convenient to divide the dose into two capsules.

Phosphaturia has a surgical as well as a medical side. In disease of the bladder the salts may deposit from the alkaline urine, and constitute gravel, or stone.

Original Communication.

PSEUDOMEMBRANOUS BRONCHITIS IN LARYNGOLOGY.[1]

By Dr. Joncheray,
Angers, France.

Pseudomembranous, membranous, croupous, plastic, or fibrinous bronchitis is a variety which gives rise to large fibrinous coagulations within the bronchial tubes. It attacks men especially, and generally occurs between the tenth and thirtieth years.

The disease is sometimes, though rarely,

[1] Translated for The Medical Bulletin from the Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie, 28 Juillet, 1900.

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primary, appearing without known cause in previously-healthy persons and presenting the aspect of a morbid entity which remains and passes into the chronic stage. In other, and more frequent, instances, it is secondary, following diphtheria of the pharynx, larynx, or lung; some chronic pulmonary affection; or typhoid fever. In these cases it is scarcely other than a more or less serious syndrome, more or less temporary, superadded to the initial disease.

Pseudomembranous bronchitis is not a nosological novelty, for ancient writers have spoken of bronchial polypi. It is, however, an actuality in medical literature. The laryngologist also must glean in a field so little explored.

As regards the lungs alone, the works upon this subject are sufficiently numerous and detailed. P. Lucas-Championnière, in his remarkable thesis of 1876, with 43 cases, established its anatomo-pathological and clinical characters. In 1893 Marfan, in his "Treatise on Medicine," distinguished the acute and chronic forms. In 1895 Magnieux wrote a thesis upon primary membranous bronchitis, which he believed to be produced by the pneumobacillus of Friedlaender. In 1896 Paul Claisse reported three cases with photographs of the membranes and histological sections. From bacteriological examinations and three series of inoculations he concluded that the desquamative inflammation was due to streptococci. He compared it to the chronic streptococcic inflammation of erysipelas, and, above all, to the elephantiasis of Sabouraud. Although however, injections of Marmorek's serum seemed to cure one of his patients, he was less inclined to attribute a specific influence to the streptococcus than to the organism specially modified to play the preponderating part in this bronchial fibrinous coagulation. Voituriez, of Lille, believes that the fibrinous exudate is secreted by the bronchial mucous membrane in consequence of an inflammation, the cause of which may be trivial, but which is dependent upon a bad constitutional condition. In foreign countries Model, Rohr, Regard, P. Kock, Picchini, and Oliver have studied membranous bronchitis. Schmidt gives a good histological study of the concretions and describes the *lecithinoid bodies*. Strümpell takes up the subject in his work. Finally, during the present year, in France Souques has described a case consecutive to typhoid fever, and seeks to classify the causes and the histological forms of the disease. Ausset likewise, in his book on "Diseases of Children" devotes a chapter to chronic fibrinous bronchitis.

This review of studies, however, leaves obscure the etiology and bacteriology of the affection. Furthermore, even the symptoms have not been clearly defined except for the lungs.

A patient whom I have had under observation permits me to verify, not only the symptoms which I have called intrathoracic, but also those which I have termed suprathoracic.

CASE.—On April 13, 1897, I was consulted by D., a peasant and a veritable colossus of the fields. He was tall, muscular, very hairy, with an immense chest. He was 57 years of age, of perfect health, except for the malady for which he sought advice. His neck was large and red. The face was of a uniform color, but dark red. He had three healthy children, and had lost one son, 25 years of age, from albuminuria and another of 15 days from "apoplexy." He had himself suffered, at the age of ten and again at fifteen, from a left-sided pleurisy, but had entirely recovered. At the age of 26 he had a bronchial catarrh. He had fever for a month, was hoarse, oppressed for breath, and could neither walk nor talk. A fragment of membrane was then expectorated, and he was relieved. For six months, however, he, from time to time, ejected concretions, and continued to be troubled, especially on the left side of the chest. He consulted his

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physician, was cured and remained perfectly well until 1896: a period of thirty years. He was then, without apparent cause, attacked, but more severely, by the old symptoms. He worked hard in the direction of his farm, but every two or three days he became more hoarse, more congested, coughed more frequently, and had pain sometimes upon the left and sometimes upon the right of the sternum. "It is always in the day-time," he said to me, "in returning from work to a meal or after I have just eaten." All around him also suspended eating and anxiously awaited expulsion of the membrane, which was attained only by dint of great effort and sometimes vomiting, but without actual danger. Nevertheless, he had recently twice lost consciousness, and had fallen to the ground. One of his family placed a spoon in his mouth and the emergency passed without laryngeal obstruction. Relief was sudden and complete. Even the hoarseness ceased for half an hour to an hour, when the circle of symptoms recommenced. Formerly, that is, thirty years before, the attacks were much less frequent and hoarseness ceased completely for several weeks.

Upon examination the thorax was found very large and well formed. The ribs were still somewhat mobile, the respiration slow and calm, resonance rather exaggerated without localized dullness. The heart was healthy, but slow, and the pulse was equal on both sides. Auscultation showed nothing abnormal. There were some sibilant râles, expiration was a little jerky and short, very short at the end, especially upon the left side. There was no notable emphysema and the patient was not "broken-winded," as he called it. His voice was hoarse, but articulation was good. The neck was very large and red, with veins very visible, but no pulsation. The larynx also was very large and hard, though not painful. Laryngoscopical examination revealed the lingual tonsil large, with varices upon the left side; the epiglottis was voluminous, but upright and movable. All the interior of the larynx presented a uniform aspect of the mucous membrane, which was imperfectly lubricated, granulated, not of increased redness, but rather of a wine-color. In the middle the large solid cords, closing well in phonation, were clearly distinguishable by their white color upon the red ground of the laryngeal and tracheal mucous membrane. The epiglottis, the lower and middle part of the pharynx had the same tint and aspect of the laryngeal mucous membrane. There was a little smooth pharyngitis behind the uvula. The nasal mucous membrane was a little dry and violaceous, but was of normal volume. Nasal respiration was fairly well performed. In the right middle meatus I perceived a yellowish crust a centimetre (about a third of an inch) in length and very closely adherent. In the left a small crust was in process of formation. The patient made the statement that he was often obliged to blow his nose, but nearly always without effect. The discharge from the nose was, he said, much less consistent than that derived from the bronchi. Posterior rhinoscopy showed nothing particular. The nares were free.

After the history and examination on April 13, 1897, I placed my patient upon a treatment which came to me by happy inspiration: I gave him potassium iodide. Confronted with a disease which was new to me, I convinced myself by reference to the literature at my command that I was dealing with a case of membranous bronchitis, and in this diagnosis I was confirmed by a learned and experienced colleague of Angers, Dr. Thibault.

On April 24, 1897, my patient returned, bringing with him a bag full of pieces, which he had passed during the last eleven days. They were of all forms and dimensions, but the largest were scarcely more than three centimetres in length. They

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were of a dirty-yellow color, semitransparent, and rattled against each other in the bag. One alone had well-defined branches; the others were of rather a curved outline, and only revealed their tubular character when swollen by water.

By examination at that time there were found in a granular amorphous mass: (1) some long cells with very fine walls; (2) large cells, a complete absence of crystals, no figured elements. There were neither the bacilli of Koch nor cocci of any kind. The examination was repeated the same year in the laboratory of the school of Angers, with the same result. My patient, in short, resembled other subjects of the malady in question.

On the day last specified,—viz.: April 24, 1897,—when I examined his larynx it became very painful, violaceous, and asphyxiation was produced. I was compelled to suspend the use of the mirror. I was obliged to confide it to the man's wife while I prepared for an extra-rapid tracheotomy. I had, nevertheless, the intention of exploring the laryngeal cavity with the finger and this procedure caused the immediate expulsion of a nearly-triangular mass, similar to gum or an irregular collection of fish-glue. It was hard and scarcely elastic, but was surrounded by a viscous material and an abundant, spumous mucosity. There was no blood. The patient was somewhat relieved by the operation, went to dinner, and returned to me with three smaller pieces which he had brought up since the first. The larynx was now calm when examined by the mirror and free from the smallest foreign body, but having the aspect of chronic generalized laryngitis. The treatment by means of potassium was continued with the addition of Vichy water or lime-water. Nothing was done for the rhinitis, which I regarded as secondary.

I myself, however, fell ill. It is only during the present year that, stimulated by recent works upon membranous bronchitis and by two cases which have been communicated to me, that I have sought for news of my patient, and learned that, instead of being dead, he was almost entirely cured. I saw him again on February 20, 1900.

My treatment of three years ago, followed for two months, occasioned a visible improvement. He still brought up, once or twice a month, some thin membrane, but without difficulty. The hoarseness persists; the aspect of the larynx is the same as when formerly examined. The patient states that his nose has given him more trouble during the last three months, especially on the right side. Formerly the nose had been dry, but had not been annoying. At present, from time to time, he experiences an itching, with a strong desire to blow the nose until he expels some "pieces of skin," after which he has relief for several days. When the nose is blown some drops of blood often escape, but there has never been true epistaxis. The mouth is dry in the morning, and he snores during the night. There is no buzzing in the ears. His wife says that his nose sometimes smells in the morning. Upon examination the upper part of the pharynx was found dry, red, shining, and smooth. It was also atrophic, and covered with a sort of semisolid greenish mucus in the vicinity of the right nostril. The nares are permeable; the mucous membrane of the left is slightly hypertrophied; there is a little pus in the middle meatus, but no odor. The right nostril has a bad smell: not an actual stench, but the faded odor of nasal catarrh with pharyngeal obstruction. The inferior turbinate is very much diminished in size, the middle is large, and the mucous membrane covering it is ulcerated, suppurating; and the spot from which a piece of membrane had been discharged this morning is clearly outlined. There is evidently a fibrinous rhino-pharyngitis of the same nature as the bronchitis, which has been partly cured.

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I detached a fragment of the pharyngeal membrane, which, when examined, showed, in a mass of half-putrified fibrin, all possible microbes except that of Loeffler, or, in other words, nothing characteristic. The dry membranes ejected three years previously were at the same time again examined. They were very well preserved, but had become so dry that they broke down into powder, when it was attempted to make sections.

To the foregoing case I will add a summary of the two following:—

A boy, 7 years of age, brother of one of my patients, died suddenly after eight days of fever, with pulmonary distress, and finished by having "spit up his bronchial tubes," which the family had kept. He had been tracheotomized. One of the shreds had been kept by the family physician. It was a fine specimen of the membrane of plastic bronchitis, but probably complicated with diphtheria. One of my *confrères* and friends, to whom I showed my collection of concretions, recalled that, in his childhood, he had been expected to die and caused astonishment to several physicians by expectorating similar pieces. He is now in good health and never had a recurrence.

The case of my patient does not establish the etiology of the disease. He, in fact, like several others, had perhaps had predisposing causes: the attacks of left-sided pleurisy and the bronchial catarrh of childhood. He had, however, neither tuberculosis nor heart disease, and possibly was not even arthritic. He was not exposed to smoke, irritating vapors, or to abrupt changes of temperature. He was of robust health. The membranes or concretions were like those of Claisse; they did not exhibit the lecithinoid bodies of Schmidt. From the bacteriological point of view they contained neither streptococci nor pneumococci.

In regard to prognosis, my case indicates that recovery is possible even in grave cases and before the effects of treatment. Remissions or apparent cures are usual. Sudden deaths, of which four cases are noted in the thesis of Championnière and to which must be added the case of the tracheotomized child which I have mentioned, are due, without doubt, to occlusion of the trachea or glottis by an unusually large and hard concretion.

In the matter of treatment I should not advise tracheotomy. I would practice laryngeal touch with the finger or the sound in order to displace the foreign body and facilitate its expulsion. Or the tracheal wound, made as low as possible, would serve me to push down from above or collect from below the membrane rather than to leave a cannula in place to be an obstacle and render the respiratory tube smaller and more rigid. This accident occurred without doubt in the case at the Hôpital Cochin recently published by Souques. In the absence of attacks of asphyxia the most promising treatment consists of potassium iodide and Vichy water internally, with, perhaps, atomization of the trachea with alkaline water, as, for example, lime-water, or water rendered slightly saline, in order to soften or dissolve the membranes.

Membranous bronchitis is not, I believe, as rare as is thought. It should be recognized by every practitioner. Every laryngologist, especially, should be well acquainted with its symptoms in order to be able to make the differential diagnosis in a crisis of membranous asphyxia. He should also be able to connect it with fibrinous rhino-pharyngitis which accompanies it in cases like that of my patient. When the membranes are seen, the diagnosis is easy. It is necessary, however, to distinguish acute from chronic forms. We must look for Loeffler's bacillus; consult the general condition, examine the glands; observe the action of Roux's serum, so that we may be able to decide whether we have to deal with a case of diphtheria. We must

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likewise bear in mind the membranous bronchitis lately described by Devillers and Rénon, and which is caused by the *Aspergillus fumigatus*. Histological examination of the membranes will reveal the structure of the fungus, and its culture is easy and rapid. When the membranes have not been seen, when the patient cannot speak and is more or less completely asphyxiated, the points of differential diagnosis are as follow:—

1. A foreign body in the larynx, such as false teeth or a morsel of food, and, above all, when, as in my case, the attacks occur during a meal. In the first attack of membranous bronchitis, however, there are prodromes, as hoarseness, pain behind the sternum, and a premonitory croupy cough. Lastly, the history and laryngoscopical examination will decide the question.

2. Absorption of caustic liquids. Examination of the mouth, the severe buccal and gastric pains, and the general condition will soon reveal the cause.

3. Various laryngeal strictures (syphilis, tuberculosis, typhoid, cicatricial bands) have not the abrupt beginning and paroxysmal features. They are accompanied or preceded by constitutional symptoms and distinctive particulars absent in simple membranous bronchitis.

4. Different tumors of the larynx, except certain large and movable tumors, can scarcely produce rapid occlusion of the larynx or trachea. Goitres which compress the trachea act slowly, and particularly in the dorsal decubitus.

5. Spasms of the glottis, although having no prodromes, may give rise to confusion, because they may be caused by a concretion. We may then intubate the glottis and wait: If laryngoscopical examination is possible, we cannot mistake for membranous bronchitis the ozæna of the larynx of Luc; the larynx of my patient had a mucous membrane rather hypertrophied, and contained no secretion or crust. As to the fibrinous rhinitis which may accompany the bronchitis, we must recall the works of Raulin, Seifert, Moure, Hartmann, and others; while, to distinguish between membranous rhinitis and diphtheria, we must remember that the latter is accompanied by Loeffler's bacillus and implicates the glands. Lupus of the nose attacks the septum rather than the turbinals.

Abstracts.

Nephritis during Varicella.

This complication is rare. A case observed by Dr. Haenel presented the following peculiarities: The patient was a girl, 1 year old, who had just recovered from whooping-cough when she was suddenly attacked, on the 8th of January, by a fever which reached 40° C. (104° F.). On the next day albumin, casts, and white cells were found in the urine. The fever continued on the succeeding days, and on the tenth day from the beginning of the disease there appeared the characteristic eruption of chicken-pox. The albumin diminished gradually and entirely disappeared at the end of ten or twelve days.

Was the case one of primary infectious nephritis, such as has been reported among children, or did a relationship exist between the nephritis and the exanthem? The author adopts the latter view. It is known, indeed, that nephritis may occur as a complication of chicken-pox. Henoch was the first to mention the fact, and since his observation some thirty cases have been placed on record. The albumin generally appears in the urine four or six hours after the disappearance of the eruption. Œdema, uræmia, and death but rarely occur. Moreover, nephritis is never seen except in grave cases accompanied by suppuration, gangrene of the skin, and cachexia.

The peculiarity of this case, however, is that the nephritis developed before the

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eruption, during the prodromic stage. Even the occurrence of prodromes is rare, and Henoch makes no mention of such manifestations. Nevertheless, they have been witnessed by Jurgensen, Kassowitz, and Dunne. The writer conceives that in this case there was a sort of vicarious nephritis due to an intensive localization in the kidney of the morbific agent of varicella. In support of this interpretation it must be noted that the exanthem in this case was abortive, since there were no more than five vesicles, while Thomas gives ten as the minimum number. The virus thus expended all its force upon the kidneys. Similar abortive forms are described in the other eruptive fevers. Leichtenstern, in fact, claims that acute Bright's disease is often nothing but the abortive form of different infectious disorders, scarlet fever in particular, the poison fixing itself solely upon the kidney.

Renal complications were especially frequent in the course of this little epidemic. Another child, sick with chicken-pox, suffered from hæmorrhagic nephritis accompanied by high fever seven days after defervescence. This nephritis was cured in six days. A third child was attacked, after the vesicles had dried up, by an albuminuria which lasted only two days. Thus, out of six cases observed, the kidneys were involved in three instances.—La Tribune Médicale.

Syphilis of the Intestine.

At a meeting of the Academy of Medicine M. Leredroullet spoke of an interesting case of syphilis of the intestine, with cachexia and dysenteriform stools. Although the presence of cancer seemed more probable, treatment by gray oil and potassium iodide was tried, the patient having had syphilis. The improvement in eight days was remarkable, and recovery was soon complete.

M. Fournier said that he had seen in all but a dozen cases of intestinal syphilis. The affection is, perhaps, really more frequent than is supposed. In practice these syphilitic bowel troubles are misunderstood in the very great majority of cases, for they present no special features. Nevertheless, suspicion should be awakened by certain considerations. Syphilitic antecedents, absence of other morbid causes, the inefficacy of treatment, and other coincident manifestations of syphilis point in that direction. Demonstration of the syphilitic nature is made by the rapid transformation produced by specific treatment. In babes who had inherited syphilis M. Fournier had on several occasions cured rebellious diarrhœa by the administration of Van Swieten's solution: a fact which shows that the intestinal disorder was due to the influence of syphilis. This localization of the disease in the child or adult is remarkable for its tendency to relapse. A peculiarity of intestinal syphilis is the tardiness with which it often develops. The speaker has seen it occur twenty, thirty, and even forty years after the chancre. As regards treatment, it is necessary to employ mercury. Potassium iodide is also efficacious, but mercury alone produces a cure. The mineral should be utilized by external methods in order to spare the digestive tube. We should have recourse to inunctions or hypodermic injections.—Le Progrès Médical.

Post-diphtheritic Paralysis with Œdema of the Trunk.

Dr. Kraus has placed upon record the case of a girl, 9 years of age, who, after a mild attack of diphtheria, suffered from troubles of accommodation and deglutition, followed by flaccid paralysis, with the reaction of degeneration, involving, especially, the upper limbs and muscles of the abdomen. The patellar reflexes were abolished. The paralyzed muscles were apparently free from painful sensibility, but

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pressure upon the nervous trunks of the arms produced pain. Coincidently with the paralytic manifestations the back and both upper limbs became the seat of an œdematous swelling. This reached its maximum at the elbow, whence it extended upward, diminishing progressively, to the upper third of the arm and below to the radio-carpal articulation. The skin of these parts was pale and of pasty consistence, slightly painful to digital pressure, with persisting depression. There was no effusion within the elbow-joint. The eyelids, cheeks, and legs were also swollen. The skin of the cheeks was harder than normal; pressure of the fingers caused no characteristic depression, but the color was a rather bright red, although there was no fever or local elevation of temperature. The swelling of the lower limbs was entirely localized along the tibias and extended to the malleoli. The dorsal surface of the feet did not swell, except after a more or less prolonged walk. When this was the case, it was easy to recognize the difference between the œdematous swellings in different parts. The dorsal surface of the feet pitted upon pressure, but disappeared rapidly under the influence of rest, while on the cheeks and legs the tumefaction was hard, resistant to pressure, and remained stationary. The skin of the legs was smooth and shining, although there was comparatively little swelling in that region.

There was not, either during the course of the diphtheritic angina or subsequently, the least evidence of renal complication. The urine was always of normal quantity and contained no trace of albumin or casts. There was a distinct systolic murmur. There was, however, no further abnormality as regards the heart, notably no ventricular hypertrophy, disturbance of rhythm, or irregularity of the pulse. Digitalis had no effect upon the œdema, which disappeared spontaneously at the end of about seven weeks, and at the same time the motor paralysis began to amend. The little girl quitted the hospital completely cured, but she died a month and a half later without the cause of death being known.

What was the cause of the œdema? It could not have been due to affection of the kidneys or heart. The situation of the œdematous swellings also, which spared the hands and feet, bore witness against a cardiac origin. The œdema was not of anæmic character, as the child had no sign of poverty of blood. It could, consequently, only be attributed to polyneuritis. The last hypothesis is, furthermore, absolutely confirmed by the fact that the accidents in question developed after an attack of diphtheritic angina. It agrees also with the nature of the symptoms, as well as with their comparatively rapid disappearance. The diagnosis of post-diphtheritic polyneuritis involving particularly the motor nerves was accordingly justified. —La Tribune Médicale.

Sudden Death, while Bathing, of a Patient having Ear Trouble.

Dr. Damaver reports the case of a patient attacked by perforation of the membrana tympani who, while swimming, was overcome by vertigo, which compelled him immediately to leave the water. He himself recognized that the sensation was due to penetration of the water into the middle ear. The compression exerted by the water was propagated through the aqueductus cochlea to the cerebro-spinal fluid.

In view of the frequency of otorrhœa many sudden deaths in the bath may be due to this cause.—Archives de Médecine et de Chirurgie Speciales.

Gonorrhœal Hypertrophy of Bone.

At a meeting of the Medical Society of the Hospitals Dr. Hirtz presented a female patient who had entered his service suffering from gonorrhœal rheumatism, general-

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ized at first, but subsequently localized in the right knee. After the disappearance of this arthritis the speaker observed that the right femur was of abnormal thickness. It seemed to be double its natural size, but was not painful, either spontaneously or upon pressure. Radiography showed that the diameter of the right femur surpassed that of the left by a half-centimetre.

Hypertrophy of short bones consecutive to gonorrhœa is well known. That of long bones is more rare. Dr. Hirtz knew only of the case published not long ago by M. Achard. One might think, in such a case, of syphilis. On the one hand, however, the absence of nocturnal pain does not agree with that diagnosis; and, on the other, there were no syphilitic antecedents, while the administration of an iodide gave no result.—Le Bulletin Médical.

Spasmodic Stricture of the Œsophagus of Laryngeal Origin.

Dr. Léon, of Angers, reported to the Society of Medicine a case of false stricture of the œsophagus of laryngeal origin: *i.e.*, a spasmodic contraction provoked by an ulcer of the left pyriform sinus of the larynx, or laryngo-pharyngeal sulcus. The patient was a woman, 40 years of age, who was almost absolutely unable to swallow and who, consequently, had become very weak.

After having ascertained by exploration that the stricture was typically spasmodic it remained to discover the cause of the condition. Upon laryngoscopical examination the larynx was found to be the seat of a diffuse hyperæmia with slight tumefaction of the arytenoid region. The redness was accentuated near the epiglottidean folds. The vocal cords were free. Upon the postero-internal surface of the pyriform sinus was an ulcer about a centimetre in length, superficial and extending toward the arytenoids. This ulcer was probably of tuberculous origin, and was the cause of the reflex observed. An almost complete cure was produced at the end of a month by the application of a solution of lactic acid. From his study of the case the conclusions of the author are as follow:—

1. That in troubles of deglutition, and especially when the pharynx and œsophagus seem to be free of disease, it is absolutely necessary to examine the larynx.

2. That the cause of the dysphagia may be found in the larynx or its vicinity, and that by treatment of the seat of disease it is possible to cure or at least considerably ameliorate the reflex trouble.—Revue Hebdomadaire de Laryngologie, etc.

Facial Paralysis in Acute Otitis Media.

At a meeting of the French Society of Otology and Laryngology M. Bar, of Nice, said that the facial nerve is exposed to more or less serious paralytic accidents by the mere fact of acute inflammation of the middle ear. The etiology is compression of the nerve by indirect or direct propagation of the inflammation if the Fallopian aqueduct is patent. Congestion of the stylo-mastoid artery may produce the same result. The diffusion of the paralysis to the different muscles animated by the nerve exemplifies as closely as possible the seat of alteration of the nerve. There may, however, be some more complicated symptoms, as, for instance, deviation of the tongue. In those cases where the seat of the lesion of the nerve is at any point whatever of its passage through the Fallopian aqueduct, we must seek to disengage it without delay by a surgical operation. Simple puncture of the tympanum with evacuation of the contents of the middle ear may suffice. Sometimes it is necessary to perform a radical operation upon the mastoid process.

The speaker reported three cases of this variety of paralysis cured by surgical measures, as myringotomy and trephining of the mastoid.—Revue de Laryngotomie, etc.

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Aneurism of the Internal Carotid Consecutive to Abscess of the Tonsil.

Dr. Wolff reports the case of a child, 8 years of age, who had an ordinary follicular angina, which was cured at the end of four days. Several days later she presented in the left tonsillar region a swelling the size of a walnut, and which was mistaken for an abscess of the tonsil. It was proposed to make an incision, and while the physician was cleansing, by means of a piece of absorbent cotton, the parts of their covering of mucosities the child made a reflex movement and a very large jet of blood was ejected by the mouth. The patient lost more than a half-litre of blood (nearly a pint). She was very much debilitated. The bleeding stopped of itself and the pharyngeal swelling disappeared. Two weeks later the left tonsil again swelled. An incision gave exit to pus. The patient seemed cured. One month subsequently the physician perceived for the first time upon the posterior wall of the pharynx a tumor which appeared to spring from the naso-pharynx and progressively increased in size. Repeated punctures always yielded pure blood, of a clear, red color.

When the writer saw the patient she was extremely anæmic. The left tonsil, though not hypertrophied, projected very much, and was covered by a smooth mucous membrane of the normal color. The two pillars were effaced, especially the posterior, and the posterior wall of the pharynx projected in the form of a spherical tumor in such a manner that the mucous membrane of the velum palati was almost continuous with that of the pharyngeal wall. On the upper part of the latter the tumor extended beyond the middle line. The mucous membrane was normal at the sides, atrophied in the centre. The tumor exhibited pulsations visible to the eye and perceptible to the finger. When the carotid was compressed in the neck the pulsations ceased, but the tumor did not subside. An exploratory puncture with a very fine cannula brought forth arterial blood. A systolic murmur was heard in the neck. A diagnosis of aneurism was made. Digital compression not being supported by the child, and the thinness of the tumor causing fear that rupture—with fatal hæmorrhage—would occur, it was decided to ligate the common carotid, as it was believed that the aneurism was seated on one of the branches of the external carotid. The operation was completely successful, and with the exception of certain manifestations during convalescence, such as fever, hæmorrhage from the left tonsil, swelling of the left parotid region, with a flow of pus from the auditory canal, achieved the desired result.

The author explains the case in the following manner: There was at first an ordinary abscess of the tonsil, producing an erosion of a great vessel, followed by rupture of the wall of the vessel accompanied by severe hæmorrhage; at this point the aneurism developed. In his belief the vessel could be none other than the internal carotid.—Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

Chirata as a Cure for Drunkenness.

Chirata has been used in India for many years as a cure for drunkenness. The plant is held in high esteem among the natives, and the missionaries employ it extensively for the cure of drunkenness. A correspondent, who was chaplain to an army post and in charge of a mission in India for many years, informs us that he has seen very good results from the use of chirata in habitual drunkenness. He adds that the drug seems to be more intensely bitter than gentian, quassia, etc., and attributes the effect of chirata upon alcoholics to this property. The disgust for drink which it

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creates is only temporary, however, and the patient must take the drug from time to time when the craving for alcohol returns. The best way to administer it is in the form of an infusion (1/2 ounce of chirata to 1 pint of boiling water), the dose of which is from 1 to 2 ounces three times daily.—New York Medical Journal.

Dysuria from Opium.

Dr. M. G. Price, of Mosheim, Tenn., in an article on "Morphine and Atropine," in the Medical Summary, says:—

"We have met some cases where the administration of opium caused a most distressing dysuria. It is, so to speak, just as constipating and astringent upon the urinary apparatus as upon the intestinal. In searching for a remedy we happily fell upon the following:—

"℞ Fld. ext. ergot, *m*lxxx.
Tr. nux vom., *m*lxxx.
Fld. ext. hyoscyamus, *m*cc.
Spt. nitre, *m*cxx.
Aquæ, q. s. ad ℥ij.

"M. Sig.: One drachm every four to six hours."

Helonias.

Helonias dioica, in doses of 2 drops three or four times daily, is a specific for the dragging, pulling-down sensation in the pelvic region experienced by many a woman at the menstrual period, or having been long on her feet. The sensation is common to women having uterine prolapsus.—Medical Summary.

Balanitis.

F. Toledo recommends bathing the gland thoroughly in the following solution:—

℞ Chlorate of potassium, 60 grains.
Distilled water, 210 grains.—M.

After cleansing with this lotion, apply a dusting-powder of equal parts of tannin and starch.—New York Medical Journal.

Oxalic Acid as an Expectorant in Asthma and Bronchitis.

According to the Gazette Hebdomadaire de Médecine et de Chirurgie, Dr. V. Poulet prescribes with excellent effect for asthma, capillary bronchitis, and even tuberculous bronchitis the following:—

℞ Oxalic acid, 30 grains.
Infusion of tea, 2850 grains.
Syrup of bitter orange-peel, 1125 grains.

M. A tablespoonful hourly to relieve distress, suffocation, and cyanosis.—New York Medical Journal.

Orange-juice in Scorbutic Joint Symptoms.

Dr. Glentworth R. Butler records a case of scurvy, at first mistaken from its articular manifestations for acute rheumatism, but diagnosticated by an ecchymotic eruption and the failure of salicylates to relieve, in which the administration of orange-juice caused an extremely-rapid disappearance of the joint symptoms and excessive tendencies.—New York Medical Journal.

Hay Fever.

This combination is of value as a prophylactic measure and during the attack in rheumatic patients.

℞ Brucinæ phosphatis, gr. iij.
Ext. hyoscyami, gr. xv.
Quininæ valerianatis, ℥j.
Camphoræ, gr. xxx.

M. et ft. capsulæ No. xxx.
Sig.: One capsule four times a day.

Dr. E. Fletcher Ingals recommends the above prescription, which in his experience has seemed the most beneficial in warding off the attacks. He also states that this combination is not only advan-

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tageous in delaying or preventing an attack, but it seems to be of much value in mitigating the patient's suffering during its progress.

Brucine, as is well known, is one of the alkaloids of nux vomica, and, as compared with strychnine, is less bitter, slower in its action, and twelve times weaker.—Journal of the American Medical Association.

Instant Relief of After-Pains.

According to Winterburn, in many cases a nice warm meal is better than any medicine; "still, where the pains are exhaustingly severe, I turn to amyl-nitrite. This potent drug is a very efficient controller of after-pains, and, used cautiously, I see no reason to apprehend harm from it. A neat way of using it is to saturate a small piece of tissue-paper with 5 or 6 drops, stuff this into a two-drachm vial, and request the patient to draw the cork and inhale the odor when she feels the pains coming on. It acts with magical celerity."—Journal of the American Medical Association.

Pernicious Anæmia.

A prescription of Dr. J. N. Danforth's is:—

℞ Fowler's solution, ℥iiss.
Acid phosphate, ʒiij.
Bone-marrow extract, ad ʒviij.

M. Sig.: Dessertspoonful after each meal.—Medical Record.

Stomach Lavage.

Rosenbaum recommends:—

℞ Sodii biborat., ʒij.
Creolini, gr. iv.
Acidi salicylici, gr. xviij.
Thymolis, gr. iv.

Use in washing once a day after a clear-water lavage by means of a siphon-tube.—Medical Record.

Quinine as an Adjuvant to the Salicylates.

Decoopman has found that the nausea, vomiting, noises in the ears, insomnia, etc., produced by salicylate of sodium when administered for acute articular rheumatism can be obviated by combining the salicylate with quinine. His formula is:—

℞ Salicylate of lithium, 30 grains.
Sulphate of quinine, 1 $^{3}/_{4}$ grains.

M. To be administered in four divided doses.—New York Medical Journal.

Creolin Pills.

Spoeth has employed the following formula in the treatment of intestinal fermentation in the course of the infectious diseases, such as typhoid fever:—

℞ Creolin, 1 $^{1}/_{2}$ drachms.
Dilute alcohol, 15 minims.
Extract of licorice and powdered licorice, of each, 1 $^{1}/_{2}$ drachms.
Gum tragacanth, 15 grains.

Make into one hundred pills and give one three times a day.—Therapeutic Gazette.

Leucorrhœa.

℞ Acidi tannici, ʒv.
Alcoholis, ʒiij.
Creasoti, ʒij.
Aquæ, q. s. ad ℥iv.

M. Sig.: Teaspoonful to a quart of warm water as a douche three times a day.—Journal of the American Medical Association.

Migraine Accompanying Anæmia.

℞ Ext. cannabis Indicæ, gr. $^{1}/_{6}$.
Ac. arseniosi, gr. i $^{1}/_{60}$.
Ferri pulv., gr. j.

M. et ft. pil. No. j.
Sig.: One pill three times a day.

Or:—

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℞ Ext. cannabis Indicæ, gr. $^1/_6$.
Pulv. digitalis, gr. ss.
Ferri lactatis, gr. ij.

M. et ft. pil. No. j.

Sig.: One pill three times a day after meals.—Journal of the American Medical Association.

Anæmia with Dysmenorrhœa.

Anæmia, with constipation and painful or difficult menstruation (dysmenorrhœa):

℞ Ferratini, ʒij.
Rad. rhei pulv., ʒiv.
Sodii bicarb., ʒij.
Ol. fœniculi, gtt. xxx.

M. Sig.: Take a teaspoonful at night, in a wafer or dry in the mouth, and wash down with a draught of water.—Medical Fortnightly.

Pills for Chronic Headache.

M. Zentler recommends the following prescription:—

℞ Arsenate of sodium,
Sulphate of atropine, of each, $^{45}/_{100}$ grain.
Extract of aconite, 7 $^1/_2$ grains.
Powdered canella, q. s.

Mix and make thirty pills. From one to four pills daily. The dose should be diminished if it causes dryness of the throat, mydriasis, or heat and tingling. — New York Medical Journal.

Malnutrition in Infants.

The combination of a yelk of egg and olive- or cotton-seed oil made into an emulsion is found very useful in cases of rickets or chronic malnutrition in infants. The emulsion may be made as follows:—

℞ Ol. olivæ, ʒiij.
Glycerini, ʒss.
Yelk of two eggs.

M. Make an emulsion and add $^1/_2$ minim of creasote to each drachm. Occasionally it is better to use a smaller amount of creasote when the agent is not well borne by the stomach. A full teaspoonful of the emulsion is given three times a day after feeding. The preparation seems to be readily tolerated, even when the stomach is irritable.—Journal of the American Medical Association.

Headache of Eyestrain.

℞ Ext. nucis vomicæ, gr. viij.
Ext. cascaræ sagradæ, gr. xij.
Ext. gentianæ, gr. xxiv.

M. et ft. caps. No. xxiv.

Sig.: One capsule every four hours.

℞ Ext. cimicifugæ fluidi, ʒj.
Syrupi simplicis, q. s. ad ʒiij.

M. et ft. mistura.

Sig.: One teaspoonful after each meal.

℞ Butyl-chloral-hydratis, ʒj.
Aquæ cinnamomi, ʒij.

M. Sig.: One teaspoonful every four hours.

These preparations are indicated only when there are no organic changes in the eyes.—Journal of the American Medical Association.

Compound Tincture of Benzoin in Enteric Fever.

Dr. James C. Potter, of Spennymoor, Durham, writes to the British Medical Journal as follows:—

"Lately I have had under my care several cases of enteric fever with excessive diarrhœa. I have in these cases tried a mixture of compound tincture of benzoin and water, with marked success. I start by giving a dose of 5 minims of the tincture every two hours, and if the diarrhœa does not decrease in twelve hours I then double the dose. In all the cases, after twenty-four hours' administration, I have found marked benefit; the diarrhœa de-

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creases, the stools are not so offensive, the temperature is decidedly lowered, and the patient feels very much more comfortable."—Journal of the American Medical Association.

Malarial Cachexia.

Dr. Guice finds the following combination effective:—

℞ Quininæ sulphat., ʒj.
Tinct. ferri chlorid., ʒv.
Liq. acidi arsenosi, ʒiss.
Potass. chlorat., ʒj.
Syr. zingib., q. s. ad ʒiv.

M. Sig.: Teaspoonful in water thrice daily after meals.—Medical Fortnightly.

The Blueberry in Intestinal Inflammations.

There is nothing new in the use of the blueberry (the berry of *Vaccinium myrtillus*) as an astringent, but Dr. H. Strauss, of Senator's clinic, has lately revived its employment in the form of a soft extract which may be dissolved in warm water (a tablespoonful to half a pint of water) and administered as an enema or made into suppositories according to the following formula:—

℞ Extract of myrtillus berries, 450 grains.
Potassium carbonate, 45 grains.
Distilled water, 105 drops.
Cacao-butter, 900 grains.

M. Divide into thirty suppositories. Two to be used daily.—New York Medical Journal.

Harmless Sleeping-draught for Nervous Insomnia.

To a tumbler of sour curds and whey add a teaspoonful of carbonate of soda, or as much more as is required to make it alkaline. Sweeten it with sugar or treacle, and grate some nutmegs on the top. It may be taken cold, but is best hot.—Indian Lancet.

The Magnet in the Removal of Foreign Bodies from the Bronchi.

A striking instance of the usefulness of the electro-magnet as an aid in the removal of foreign bodies was lately reported to the Lyons Society of Surgery by M. Goullioud. A nail about two inches long had lodged in one of the intrapulmonary bronchi, where it had remained for about two months. Tracheotomy was performed, and through the opening the attenuated extremity of a powerful electro-magnet was passed into the trachea. The nail was immediately caught on the magnet and removed.—New York Medical Journal.

Influenza in Children.

Dr. Herman B. Sheffield, in a paper upon the above subject in the New York Medical Journal, says: "When I am called upon to treat a case of the grippe of moderate severity I order:—

"℞ Sodium benzoate,
Salol,
Acetanilid, of each, 1 1/2 grains.
Caffeine, 1/4 grain.

"M. Make one powder.

"Sig.: One powder every three hours to a child six years old, or, if the pain is severe and the child is kept awake, add 1/12 grain of codeine sulphate to each powder. Where children refuse to take powders I prescribe the following mixture, again adding codeine if necessary:—

"℞ Sodii benzoat.,
Antipyrin., of each, ʒss.
Liquor ammon. anisat.,
Syr. scillæ comp., of each, ʒij.
Syr. althææ, fʒss.
Aquæ anisi, q. s. ad fʒij.

"M. Sig.: One drachm every three hours to a child six years old."

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THE
Medical Bulletin.

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THE BRITISH MEDICAL ASSOCIATION.

THE meeting of the British Medical Association this year was held at Ipswich, the county-town of Suffolk, known as the birthplace of Cardinal Wolsey, in which Gainsborough lived for a number of years, and where Garrick first trod the boards.

The presidential address was delivered by Dr. William Alfred Elliston, senior surgeon to the East Suffolk and Ipswich Hospital. The region of which Ipswich is a centre has produced a number of eminent medical men, and a portion of the address was devoted to commemorating those whose achievements had reflected lustre upon the places of their nativity. It is remarkable that from this part of England—East Anglia, as it is termed—came two bright ornaments of medical science. William Gilbert, physician to Queen Elizabeth and President of the Royal College of Physicians, was born and buried in Colchester, and William Harvey was interred at Hempstead, in the same county. Gilbert is remembered in the history of science as a pioneer in the study of electricity and magnetism. It was he who established the magnetic nature of the earth and conjectured that terrestrial magnetism and electricity were two varieties of the same force. He was the first to use the terms "electric force" and "electric attraction," and described how to measure the excited electricity by means of an iron needle moving freely on a point. Gilbert studied the properties of the magnet and recognized its direction in the relation of the poles of the earth.

Of William Harvey, the illustrious discoverer of the circulation, physician to James I and Charles I, it is not necessary to dwell at any length. His epoch-making investigations constitute him one of the heroes of medicine, and those who dwell in his county are justly proud of him in whose footsteps they follow and who made possible the grand development of physiological science. "The results of Harvey's observations are the more remarkable when we consider the scanty instruments and appliances then available, contrasted with our own time, when the senses, the arts, and the sciences are all brought into requisition for the discovery and analysis of objective symptoms. The microscope was as yet undiscovered. The number of pulse-beats was not measured by a watch until nearly a century after Harvey's time. In his day, according to Dr. Norman Moore, physicians contented themselves with estimating the character of the pulse rather than its precise rate. Specialism as now understood did not exist, and Harvey was a surgeon as well as a physician. He performed surgical operations, to which he frequently refers. The brilliant work of Galileo, Gilbert, and Harvey, the awakening philosophy of Francis Bacon in this country and Descartes in France, gave an impetus to original research and the investigation of causes that was remarkable in upsetting ancient traditions, and little by little real observation and experiment took the place of mere authority."

Dr. Elliston spoke of the birth and growth of the Royal Society, the development of practical medicine in Great Britain, the increased study of anatomy, the birth of chemistry, medical legislation, antiseptics, and anæsthetics.

To the history of ovariotomy in Great Britain Dr. Elliston contributed the fol-

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lowing facts: "It is not, perhaps, so generally known as it deserves to be that William Jeaffreson, of Framlingham, in the County of Suffolk, an East Anglian surgeon, was the first surgeon in England to perform the modern operation of ovariotomy by a small centre incision. The circumstance, as recorded in the 'Transactions of the Provincial Medical Association' of 1837, are as follow: 'Mr. Jeaffreson, in 1833, lost a patient suffering from an abdominal tumor. She died from tuberculous disease of the lungs, and, obtaining the consent of the friends, he made a post-mortem examination, which satisfied him that the tumor could have been removed, and but for the disease of her lungs her life might have been spared.' In November of the same year Jeaffreson and his friend King attended together a lady in her confinement with a small tumor. They subsequently advised an operation, and in May, 1836, a central incision was made, about one and a half inches long, the cyst tapped, withdrawn, the pedicle secured by ligature, and the ends cut off short. The wound was adjusted by two sutures and napkins wrung out in the coldest water were constantly applied to the wound. Sulphate of magnesia was administered every four hours and all went well until the tenth day, when Jeaffreson was called to his patient at 3 A.M., to find her pulseless, with incessant vomiting and hiccough and griping pains in her body. A stimulating enema with 2 grains of opium gave her speedy relief and she recovered. His friend and neighbor King, at Saxmundham, Suffolk, about ten miles away, operated a few weeks later with complete success, his incision being somewhat longer: about three inches. Two years subsequently a third East Anglian surgeon, Crisp, of Harleston, who lived about twenty miles from Jeaffreson, was also successful with an incision of two inches in length. These three cases are the more remarkable when we consider that no operation of the kind was attempted in London until four years later, and no ovariotomy was performed in a London hospital until ten years after Jeaffreson's case."

Other distinguished East Anglians of more modern times are Watson, Gull, and Humphry.

The address in medicine was delivered by Dr. Philip Henry Pye-Smith, of London, senior physician to Guy's Hospital. His topic was "Medicine as a Science and Medicine as an Art." The distinctness and yet close interdependence of art and science in our profession were clearly pointed out by the orator. "If," said he, "medical science without art is inefficient, medical art without science is not only unprogressive, but almost inevitably becomes quackery." In a paragraph relating to preventive medicine and etiology Dr. Pye-Smith deprecated the hasty and illogical conclusion that, because many diseases are now proved to depend upon the presence of bacteria, this must be true of all, and declares that "science has to do with proved facts alone, and our language should never outrun our knowledge." The speaker next alluded to the importance of prognosis and statistics, defended the necessity of experiments in scientific medicine, discoursed of the relations of therapeutics and science, and concluded his thoughtful address by some reflections upon scientific medicine and its wages.

The address in surgery was by Dr. Frederick Treaves. The title which he chose was "The Surgeon in the Nineteenth Century." Mr. Treaves drew a graphic contrast between the conditions of existence at the beginning and at the end of the century, the education of the surgeon in those respective periods, and specified the more important particulars in which the surgeon of the present era excells his predecessor. As regards the art of surgery, the century has embodied an advance in principle and in practice which has been no other than revolutionary. "The sur-

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geon of the present day, as an adviser, is in a position which is so greatly improved that it could be hardly imagined by his forebears of one hundred years ago." In 1800 a man could practice as a doctor in Great Britain without passing an examination of any kind. Beyond the general changes in the attitude of the operating surgeon there have been others which owe their existence to special advances in the surgeon's art. Prominent among these may be named: (1) an improved knowledge of anatomy; (2) a readier method of arresting hæmorrhage; (3) the employment of anæsthetics; and (4) the introduction of antiseptic measures. Although many of the surgeons of the early part of the century, and especially Astley Cooper and William Lawrence, were deeply versed in anatomy, yet the conditions were, in general, unfavorable to that study. Material was scarce and obtained with difficulty, while a strong popular prejudice existed against schools of anatomy. We need not dwell upon the inestimable advantages which have been gained by the introduction of anæsthetics and antiseptic methods.

The address in obstetrics was a very excellent deliverance by Dr. William J. Smyly, Vice-president of the Royal College of Physicians of Ireland. The subject of the address was "The Maternal Mortality in Childbed." Among other interesting matter in this address was the reference to Dr. White, of Manchester, who was far in advance of his times. In a "work, published in 1791, he attributed puerperal fever to the absorption of putrid matter by the lymphatics and vessels of the womb. He arrived at this conclusion by observing the similarity, in causation and symptoms, in putrefactions occurring in other parts of the body. In chronic abscess, for example, dangerous symptoms similar to those of puerperal fever set in after it had been opened and the air had gained admission; so, also, in childbed, fever did not occur until after the child was born. He further observed that when a putrid wound was cleansed the symptoms abated, and that where the disease was so situated that it could be removed by amputation they entirely disappeared, and from this he concluded that absorption of putrid matter was the cause of puerperal fever. His treatment was therefore directed toward the prevention of putrefaction and the elimination of putrid matter should it have already formed. To these ends he advocated thorough ventilation, cleanliness, and drainage. Foul, stagnated air, human effluvia, heat, and moisture were to be avoided. Free and even cold air should pervade the apartment, and clean linen be applied every day. The lochia, if permitted to stagnate in the vagina, would soon become putrid, for, he said, it is well known that the mildest humors in the human body, if suffered to stagnate, become acrid as soon as the air has access to them. He therefore encouraged his patients to sit up several times a day, and even to leave their beds, so as to prevent a lodging of offending matter either in the vagina, uterus, intestines, or bladder. Perhaps the most remarkable statement in this work is the following: 'I must not omit to mention,' he says, 'the good effects I have experienced from emollient or antiseptic injections into the uterus by means of a large ivory syringe or an elastic vegetable bottle in those cases where the lochia have become acrid or putrid, and by being absorbed into the circulation have served as a constant fomes to the disease. I have by this means known the fever much assuaged, and in many cases wholly extinguished, for, though the quantity of the lochia is not to be much regarded, the quality of this discharge is a matter of infinite importance.' "

The enlightened efforts of Semmelweiss, half a century later, and the unfortunate fate of that distinguished man, were also mentioned in the same connection. The speaker was opposed to needless vaginal

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examinations, and, next to antiseptics, regarded the substitution of external for internal examinations the most important advance in modern midwifery. The external examination is safer, gives more information to the examiner, is easier, and more reliable. "Having for many years practiced the vaginal examination exclusively, I found it difficult to persuade myself of the truth of the latter assertion; but not only has my own individual experience proved to me that this is so, but in the Rotunda Hospital, where the students are obliged to write down upon the bed-cards the result of each examination, I found that mistakes in diagnosis were much more frequent with the vaginal than with the abdominal method. There are two things, however, which can only be made out by vaginal examination, and these are the condition of the os uteri and a prolapse of the umbilical cord; and if for any reason, such as inexperience on the part of the examiner or insuperable difficulties, such as very fat or rigid abdomen on the part of the patient, the results of the abdominal examination are unsatisfactory, a vaginal examination becomes necessary."

The remarks made by the chairmen of the different sections were also of much interest and were well received by those in attendance. Valuable papers were read before the sections, and the meeting of 1900 was a fit successor to those by which it was preceded.

PERFORATING ULCER OF THE MOUTH.

We have been interested in reading a paper on the above topic by Dr. Compaired, the well-known professor and specialist, of Madrid, translated by Dr. Lacoarret, and published in that excellent periodical, Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie for April 14, 1900. Dr. Compaired's paper is founded upon a case which came under his care on November 4, 1899. The patient was a man 27 years of age. He had had trouble in the mouth for a year. The teeth fell out without previous suppuration. Their place was taken by a large perforation, which gradually, but incessantly, enlarged. The breath was fœtid, but the odor was distinct from that of ozæna, syphilis, or gangrene. The man denied ever having syphilis or any venereal disease. He had no neuralgia, difficulty of progression, or vertigo. The mouth bore evidence of neglect, and there was an abundance of tartar. The left upper alveolus was carious. The teeth were ready to drop out of their sockets. In the position corresponding to the last and next to the last molar the lesions were in a still more advanced stage. In this situation was a perforation about two centimetres (about three-quarters of an inch) long, and three and a half centimetres (nearly an inch and a half) deep.

In the absence of syphilis, tuberculosis, and local suppuration the diagnosis was very obscure. There was no enlargement of cervical or inguinal glands. There were no signs or symptoms of locomotor ataxia. There was no abnormality of the pupil, retina, or optic nerve. The biniodide of mercury and iodide of potassium were given experimentally, but only made matters worse. There was no evidence of tuberculosis, the bacilli of that disease were not present, and the patient's general health was good. The affection was therefore purely local, and its symptomatic evolution agrees perfectly with that of the morbid process known as perforating ulcer of the mouth.

Lesions of this kind are very rare and few have been reported. Dr. Galippe, who analyzed two cases under the care of Fournier, can see nothing to distinguish them from pyorrhœa alveolaris. These cases were due to a microbial invasion which had caused alveolo-dental periostitis followed by loss of the teeth. According to the writer just named, the teeth presented le-

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sions identical with those observed in cases of pyorrhœa alveolaris in persons not tabetic. He demonstrated that the process began in the gums. When it advances without treatment it gives rise to digestive and respiratory disorders. Both of Fournier's patients were tabetic, and one was affected at the same time with perforating ulcer of the foot.

M. Baudet, in an inaugural thesis, argues that this disease of the mouth should be ranked among the trophic disturbances of the trifacial nerve.

Most cases of this disease of the mouth occur among the subjects of locomotor ataxia, but it is probable that syphilis or general paralysis may produce similar lesions. Dr. Letulle exhibited to the Medical Society of the Hospitals of Paris in 1894 an ataxic and syphilitic patient who was attacked by a perforation of the palatine vault. The lesion was consecutive to loss of the teeth without suppuration. The patient had no disease of the maxillary sinus. Perforating ulcers of the feet coexisted, and the author believed that both lesions were of the same nature. More recently this writer has reported another case. The lesion developed without pain. The patient had syphilis and locomotor ataxia.

Dr. Compaired is of the opinion that, at least in cases similar to that occurring in his practice, in which there was no general infection, a trophic disturbance is always the more or less direct cause of perforating ulcer of the mouth.

Neglect of the toilet of the mouth and traumatism offer conditions favorable to the growth of a microbe which destroys the alveolus, is followed by failure of nutrition, loosens the teeth, and causes them to fall. The morbid process pursues its career, atrophies and destroys the bone by fine successive layers without producing the large necrotic masses of tertiary syphilis or the degeneration, ulceration, and fungosities of tuberculosis.

Medical News and Miscellany.

Bulletin of the Harvard Medical Alumni Association, Number 14, Catalogue. — It usually is, and always should be, a matter of interest and pride for those who have studied in the halls of a great educational establishment to keep track of those who had also been brought up at the feet of the same *alma mater*. To those who cherish this pious reverence for their university such a catalogue as that before us, though to the stranger a mere record of strange names, affords food for many an hour of fond reminiscence. The days of our youth rise before us as we scan its pages and read its lists.

Mineral Waters and Spas of Savoy.—The Editor of THE MEDICAL BULLETIN has received from his distinguished friend, Dr. Léon Blanc, of Aix-les-Bains, in France, a beautifully illustrated pamphlet descriptive of the many and undoubted advantages to be derived from the spas of Savoy. The book is published by the Committee of Savoy for the Exhibition of Paris in 1900. Savoy lies on the frontier of Switzerland and Italy. It is in this district that the famous Mont Blanc is situated. The vicinity is well known to American tourists, but it may be questioned whether the sanitary and medicinal value of the numerous springs and baths of this highly-favored region is appreciated as widely as its merits entitle it to be. The present writer can speak from personal observation. Aix-les-Bains possesses two thermal springs giving a daily yield of one million and a half of gallons, while its special and remarkable treatment, the *douche-massage*, is of inestimable advantage in the treatment of many diseases. This pamphlet is serviceable to American visitors, furthermore, in mentioning the routes and fares by which Aix-les-Bains is approached from Paris and Geneva. The many attrac-

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tions of this part of France render it a favorite locality with all who have enjoyed its privileges.

The Essentials of Hæmatology.—Under this title the Palisade Manufacturing Company, of Yonkers, N. Y., has issued an excellent *brochure* as a guide to the clinical examination of the blood for diagnostic purposes. This is a most important subject in practical medicine. These methods of examining the blood for absolute and decisive evidence of disease are deservedly coming more and more into use. In this little treatise, which is well written, compact, and reliable, the reader is instructed concerning the essential points in the technique of blood-analysis. We are taught in its pages the procedures for the estimation of hæmoglobin and of iron, the enumeration of red and white cells, the examination of dry specimens, stained in various ways, and the examination of fresh specimens. The whole subject is illustrated also with beautifully distinct plates, some of which are colored. We can certainly congratulate the publishers upon the success of their efforts.

August "McClure's."—"A Prisoner Among Filipinos" is the title of Lieutenant-Commander James C. Gillmore's account of his extraordinary experiences in the Philippines, which begins in the August "McClure's." Lieutenant Gillmore was captured by savage tribes while out in a small boat with a scouting party on the east coast of Luzon. He had more than one narrow escape from death. For several months these men traveled hundreds of miles through the heart of Luzon, enduring unspeakable hardships, with no prospect of escape from an awful fate at the hands of bloodthirsty Tagals. The illustrations by W. R. Leigh after the author's own sketches are marvelously graphic.

Since the appearance of the "Jungle-Book" animal stories have become popular, but it is doubtful whether anyone ever tried to tell a story about a porcupine. In the August issue, however, Mr. William Davenport Hulbert tells about a porcupine living in the woods of Michigan and describes his mischievous escapades, his adventures with human and brute foes, and the misfortune that befell him in his old age, as if he were a real human being. This article is illustrated with pictures from photographs by A. R. Dugmore.

"An International Wheat-corner," by J. D. Whelpley, gives a somewhat startling revelation of a proposition made not long ago by the Russian government to the United States, whereby the two nations should control the wheat-supply of the entire world and fix its price at a uniform rate which should never fluctuate. These details have never before been made public.

Josiah Flynt and Francis Walton begin their "True Stories from the Under-world" with "In the Matter of His Nibs." The chief characters in the story are a detective, several thieves, and a New York police captain. The stories are illustrated by studies from actual types in the Rogues' Gallery.

The midsummer fiction edition contains contributions by Frank H. Spearman, Jack London, Ian Maclaren, E. S. Martin, and others, in addition to several special articles of unusual interest. The cover, by Louis Loeb, is one of the most attractive that this magazine has ever had.

Obituary.—Dr. John Francis Burns, visiting surgeon of St. John's Hospital in Long Island City, died in that institution of spinal meningitis, aged thirty-seven years.

A Quick Diagnosis.—The Texas Medical News reproduces the following amusing narrative from Dr. S. Weir Mitchell's book entitled "Dr. North and His Friends":—

"I once went to Harrisburg and had to return during the night. The train was

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crowded. At last, in the stifling, dimly-lighted smoking-car, I found a man asleep across two seats. I awakened him, and saying I was sorry to disturb him, sat down.

"After a little while he said, 'Do you know Dr. Owen North?'

"Rather astonished, I said, 'Yes.'

" 'What kind of a man is he?'

" 'Oh, a very good fellow.'

" 'He is like all them high-up doctors, I guess. He gets big fees, I want to know.'

" 'No,' said I. 'That is always exaggerated. Why do you ask?'

" 'Well, I've had a lot of doctors, and I aint no better, and now I haven't much money left.'

"Upon this my friend confided to me all his physical woes in detail. We parted before daybreak. It was too dark in the car for either of us to see plainly the face of the other.

"About ten the next day the man entered my consulting-room. As I should not have known him, except for a rather peculiar voice, I, too, remained unidentified. I could not resist so comic an opportunity. I said, looking at him: 'Sit down. You have a pain in your back.'

" 'That's queer. I have.'

" 'And you are blind in the left eye, and your digestion is very bad,' and so I went on.

"At last he said: 'I never saw a doctor like you. It scares a man, 'most. Can you cure me?'

"I said: 'Yes,' and wrote out my directions. It was really a simple case.

"When he produced a well-worn wallet I declined to take a fee, and said, 'I owe you for the seat, and the good sleep I disturbed last night.'

" 'Thunder! I see. You were the man. But law! why did you give it away? I'd have sent you the whole township.' "

Pennsylvania Hospital. — The International Medical Congress in Paris has conferred a gold medal upon the management of the Pennsylvania Hospital for the services it has rendered humanity during the past century. The jury consisted of a representative each from Germany, Russia, Italy, Switzerland, Belgium, Spain, Hungary, England, France, and the United States.

Subscapular Nephrydrosis. — A rare, if not unique, pathological condition is described by Dr. Kirmisson. It consisted in a large collection of urine between the kidney and its capsule. Of course, the cyst must have communicated with the interior of the kidney, but the organ itself was not distended. The author stitched the cut edges of the capsule to the skin, establishing a urinary fistula. The patient was a child.—New York Medical Journal.

Medical Department of the University of Texas.—At a recent meeting of the Board of Regents of the University of Texas, the following appointments were made in the faculty of the medical department at Galveston: Dr. W. L. Rodgers, Professor of Ophthalmology, Otology, etc.; Dr. Edward Randall, Lecturer on Physical Diagnosis; Dr. Allen J. Smith, Lecturer on Nervous Diseases; Dr. I. M. Cline, Lecturer on Climatology; Prof. R. R. D. Cline, Lecturer on Pharmacy; Dr. William Gammon, Lecturer on Skin and Venereal Diseases; Dr. Thomas Flavin, Demonstrator of Anatomy; Dr. William Gammon, Demonstrator of Pathology; Dr. L. E. Magnenat, Demonstrator of Biology; Mr. Conn L. Millburn, Demonstrator of Chemistry; Dr. T. L. Kennedy, Demonstrator of Gynæcology; Dr. Julius Ruhl, Demonstrator of Obstetrics; Dr. L. R. Dudgeon, Demonstrator of Surgery.—Texas Medical News.

A Pediatric Society in Great Britain.—The Society for the Study of Disease in Children was inaugurated at a meeting held at the rooms of the Royal Medical and Chirurgical Society in Hanover Square, London. The chair was taken by Dr. A. E. Sansom. There was a fair at-

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tendance of those interested in the movement. The secretaries of the new society are Mr. Sydney Stephenson and Dr. Charles H. Willey, and the treasurer is Mr. Clement Lucas.

Cooper Medical College. — Dr. Walter Garrey, of Aurora, a graduate of Rush Medical College, 1900, has been appointed Professor of Physiology in Cooper Medical College in San Francisco.

Decorated by the Sultan. — Dr. A. M. Ruffer, president of the Sanitary Maritime and Quarantine Board of Egypt, has received from the Sultan of Turkey the Order and Insignia of the Medjidieh of the second class.

Autoinfection in Cases of Hydatid Cysts. —A question of some interest with regard to the clinical history of hydatid cysts has recently been discussed at the Société de Chirurgie de Paris. Peyrot, in communicating a case of extensive multiple development of hydatids in the omentum and the walls of the pelvic cavity following a rupture of a large hydatid cyst of the liver, expressed the opinion that this was an instance of invasion of the peritoneum by hydatids resulting from rupture of the primary and hepatic cyst. As a necessary condition of such infection the effused fluid, it was held, must contain scolices. Potherat, in the course of the discussion on this paper, opposed this view, which he regarded as a zoölogical heresy. An hydatid cyst, this surgeon asserts, cannot either by its fluid, its daughter-cysts, or its scolices, reproduce a cyst of a like kind, such cyst being an intermediate stage in the evolution of the tænia echinococcus. When in the same subject there exist either in the same organ or in different viscera, or on the surface of a serous lining, multiple hydatid cysts, then, according to Potherat, these multiple cysts are to be regarded as diffused manifestations of a single or repeated invasions of the embryos, and not as inoculations of the contents of the primary cyst. Potherat's statement, however, was generally controverted by subsequent speakers, among whom were Quénu, Broca, and Tuffier, and strong clinical evidence was given in favor of the view that daughter-vesicles from a ruptured hydatid cyst may become ingrafted in other structures, and by subsequent growth may form secondary hydatid growths.—British Medical Journal.

A Magnificent Gift.—The princely generosity of two men, Mr. R. S. Brookings and Mr. S. C. Cupples, has bestowed upon the Washington University, of St. Louis, Mo., property valued at $3,000,000. This gift will place the St. Louis-Missouri College of Medicine upon an assured foundation.

Spontaneous Ecchymoses of Neurotic Origin. — G. Etienne has communicated two cases from the clinic of Professor Joffroy, both occurring in females.

Case 1, a young girl, aged 13, overgrown, pale, had menstruated a few months previously. Her hands were habitually cold and bluish, and her nose cold. Three years ago she had curious hallucinations, felt an animal moving in her heart, and was cured by hypnotic suggestion. She suffered from frequent and repeated borborygmi, and at the close of December, 1896, there appeared on each arm a long strip of ecchymosis, which disappeared in two days, but was succeeded by other similar stripes. This continued for six weeks. Later there was an attack of epistaxis. On examination the forearm and arm were seen covered with linear series of spots and purpuric patches, 3 to 10 millimetres in diameter, of a violet color, arranged in slightly-curved lines running from above downward. Here and there the lines were broken up by clear intervals. There were slight subconjunctival ecchymoses also. The skin sensibility was not altered in these areas. Subsequently, and where menstruation was proceeding with regu-

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larity, these patches reappeared, showing a similarly bizarre distribution. There was no evidence of hysteria or hæmophilia in the patient, and the development of the ecchymoses could not be associated with catamenial periods, and the skin showed no special "dermographic" reaction.

Case II was a neurasthenic adult woman, aged 32, a university student, who had syphilis six years previously, which followed the usual course and left no present symptoms. She was neurasthenic, had marked frontal headache and syphilophobia. On January 19, 1898, she awoke with purpuric patches and a long hæmorrhagic stripe, nearly 3 inches long and $^1/_5$ inch wide, running horizontally on the right shoulder (over the deltoid), and a few smaller parallel stripes about the clavicle. The antero-internal side of the arm had a large purpuric punctate patch, and a similar one with discrete points appeared symmetrically on the opposite arm. Sensation was normal, and there was no history of trauma. This patient had a slight predisposition to purpura.—Indian Lancet.

Dr. Winslow Anderson. — Dr. Winslow Anderson, the well-known editor and proprietor of the Pacific Medical Journal, has been appointed Surgeon-General of California with the rank of colonel.

Changes in the Teaching Staff of Albany Medical College.—Faculty: Dr. A. MacFarlane, formerly Clinical Professor of Physical Diagnosis and Lecturer on Medical Jurisprudence, has been promoted to the adjunct professorship in this department. Dr. A. G. Root, formerly Lecturer on Diseases of the Throat and Nose, has been made Clinical Professor. Dr. J. M. Mosher has been made Lecturer on Insanity, Neurology, and Electrotherapeutics. Dr. H. Judson Lipes was promoted to Lecturer on Obstetrics. New instructors were appointed as follows: Arthur Wells Elting, M.D., surgery; James Wesley Wiltse, M.D., materia medica; Henry Larned Keith Shaw, M.D., diseases of children; Alvah Harry Traver, M.D., surgery; Edgar Roscoe Stillman, M.D., physiology; Edgar Albert Vander Veer, M.D., surgery.

German Ophthalmological Society.—The German Ophthalmological Society will meet at Heidelberg, September 13, 14, and 15.

Dr. H. W. Elmer.—Governor Vorhees, on July 31st, appointed Dr. H. W. Elmer, of Trenton, a member of the State Board of Health, to succeed Dr. Franklin D. Gaump, deceased.

Syracuse University College of Medicine.—Dr. C. E. Coon has been made Director of the Anatomical Laboratory; Dr. William J. Wallace has been promoted from instructor to Lecturer in Anatomy; Dr. Eugene Belknap, in addition to being Instructor in Medicine, has been made Director in Clinical Obstetrics; Dr. Frank Knowlton has been promoted from Instructor in Physiology to lecturer on that subject; Dr. Robert Pierson has been made Assistant in Clinical Obstetrics in addition to being Instructor in Histology; Dr. Albert Hotaling has been elected Assistant in Clinical Obstetrics; Dr. A. E. Larkin, Instructor in Clinical Medicine; and Dr. A. J. Abeel, Demonstrator in Anatomy.

Collective Investigation of Cancer.—The committee charged with the organization of a collective investigation of cancer in Germany is now fully formed. Professors von Leyden and Kirchner are the presidents and Dr. George Meyer is the secretary.

Combination of Basedow's Disease and Myxœdema.—J. A. Hirschl writes of a case observed in Krafft-Ebing's clinic in which the patient, a woman of 33, previously healthy, had typhoid fever seven months before, and then, immediately after a fright due to a severe fall, developed palpitations and the characteristic pulse.

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These symptoms subsided in two months, but the skin of the face and lower limbs became myxœdematous, the uterus atrophied, and the memory became defective—the symptoms indicating a transition from Basedow's disease into myxœdema. The struma was at first vascular, but later hard and fibrous. The skin was never moist with perspiration. This case suggests the possibility that the excessive and abnormal secretion of the thyroid gland may induce a series of symptoms caused by changes produced at certain points in the nervous system. These changes—and with them the corresponding Basedow symptoms—may persist even after the hypersecretion of the thyroid has ceased. The process may be cured, but the Basedow symptoms still persist. The changes in the nervous system might even continue past the period in which the hypertrophy of the thyroid is neutralized by atrophy. This conception would explain the occurrence of Basedow and myxœdema symptoms in the same individual.—Journal of the American Medical Association.

Dr. William C. Woodward.—Dr. William C. Woodward has been reappointed health officer of the District of Columbia, which office he has filled for the past six years.

Rupture of the Apparently-Healthy Œsophagus.—E. J. McWeeney reports a case and analyzes previous records of similar accidents. From a study of the data, he concludes that the two main factors are softening of the coats, and sudden increase of pressure from within. The softening is due partly to the intravital digestion, and partly—at least in the case which he observed—to inflammatory infiltration. The intravital digestion is to be accounted for by circulatory disturbance, which in his case took the form of venous thrombosis, and by prolonged sojourn of peptic matters in the gullet from prolonged retching. The increased pressure from within is doubtless ascribable to the violent propulsion of the gastric contents into the lower part of the gullet, while its upper outlet is obstructed by the contracted state of the muscle, in other words, to want of co-ordination of the muscular action of the tube, probably due to exhaustion from prolonged overactivity. Whether a localized phlegmonous œsophagitis—for that is the condition in the case now recorded—is a constant factor in these cases, it is, of course, impossible to assert in the absence of microscopical details of other cases. He thinks he is the first to establish the existence of this condition as a possible cause of rupture of the apparently-healthy gullet. —Journal of the American Medical Association.

Dr. M. P. Warmouth.—Dr. Warmouth announces his location at 862 N. 20th Street, Philadelphia.

University of Toronto.—The following appointments have been made in the Medical Faculty in the University of Toronto:

J. J. McKenzie, B.A., M.B., to be Professor of Pathology and Bacteriology, in place of Dr. John Cavan, who has resigned.

Dr. J. A. Amyot, to be Associate Professor of Pathology and Bacteriology or Professor of Clinical Pathology, at his option.

Dr. F. N. G. Starr, Associate Professor of Clinical Surgery, and also Demonstrator of Anatomy.

W. Mackeown, B.A., M.D., Demonstrator of Clinical Surgery.

C. L. Starr, Demonstrator of Clinical Surgery, instead of Assistant Demonstrator of Anatomy.

A. R. Gordon, M.B., Demonstrator in Clinical Medicine, instead of Assistant Demonstrator of Anatomy.

Dr. R. R. Rudolf, Lecturer in Medicine and Clinical Medicine, instead of Assistant Demonstrator of Anatomy.

Dr. K. C. McIlwraith, Demonstrator of Obstetrics, instead of Assistant Demonstrator of Anatomy.

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Dr. W. P. Caven, Associate Professor of Clinical Medicine.

H. T. Machell, M.D., Associate Professor of Obstetrics and Pædiatrics, his work to be confined to pediatrics.

G. Chambers, M.A., M.B., Demonstrator of Clinical Medicine.

Dr. G. R. McDonagh, Professor of Laryngology and Rhinology.

W. H. Ellis, M.A., M.B., Professor of Toxicology.

Bertram Spencer, M.D., Professor of Medical Jurisprudence.

Dr. W. H. Beemer, to be Extramural Professor of Mental Diseases.

Dr. S. A. Knopf.—Dr. S. A. Knopf, of New York, has received the international prize of 4000 marks offered by the Berlin Tuberculosis Congress for the best popular essay on "Tuberculosis as a Disease of the Masses and How to Combat it." The committee of award was composed of some of the best-known clinicians and sanitarians of Germany, among them being Leyden, B. Fränkel, Gerhardt, and Leuthold. There were eighty-one competitors.—Medical Record.

Hysterical Nasal Insufficiency. — Lermoyez describes the case of a young girl, who had had nasal obstruction since childhood. This was due to enlargement of inferior turbinates, which were removed. Although the passage is now perfectly free, the patient cannot breathe through the nose. Cyanosis and asphyxia occur as soon as the mouth is completely or even partially closed. During sleep the patient breathes with the mouth shut. As the patient shows otherwise signs of hysteria, he attributes the nasal condition to the same cause.—Journal of Laryngology, etc.

College of Physicians and Surgeons, Kansas City. — Several additions have been made to the faculty of the College of Physicians and Surgeons in Kansas City. Herman E. Pease will have the chair of gynæcology; Howard Hill, surgical anatomy; A. M. Wilson, physiology; Joseph B. Connell, dermatology; George Boyd, bacteriology and pathology.

Southwestern Minnesota Medical Society. —This society met in Luverne, for the semi-annual meeting, July 12th. The following officers were elected for the ensuing year: President, Conrad de Long, Edgerton; vice-president, C. O. Wright, Luverne; secretary and treasurer, H. D. Jenckes, Pipestone. The next meeting will be held in Sibley.

Dr. M. P. Kemp.—Dr. Minta P. Kemp has been appointed on the staff of the Northern Michigan Asylum for Insane, at Traverse City.

American Association of Obstetricians and Gynæcologists.—The American Association of Obstetricians and Gynæcologists will hold its thirteenth annual meeting in Louisville, Ky., Tuesday, Wednesday, and Thursday, September 18, 19, and 20, 1900, under the presidency of Dr. Rufus B. Hall, of Cincinnati.

The following-named papers have been offered:—

President's Address, R. B. Hall, Cincinnati.

"Ovarian Fibroma—Case, with Microscopical Report." L. H. Laidley, St. Louis.

"Cholelithiasis—with Report of Cases." H. E. Hayd, Buffalo.

"Appendicitis during Pregnancy." C. G. Cumston, Boston.

"Diagnosis of Ectopic Pregnancy Before Rupture, Based on Ten Cases." J. F. Baldwin, Columbus.

"Three Cases of Extra-uterine Pregnancy, with Specimens." W. B. Dorsett, St. Louis.

"The Private Hospital." Joseph Price, Philadelphia.

Paper (title undetermined). E. F. Fish, Milwaukee.

Paper (title undetermined). C. C. Frederick, Buffalo.

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"Extirpation of the Rectum and Sigmoid *per Vaginam*." John B. Murphy, Chicago.

Paper (title undetermined). H. O. Pantzer, Indianapolis.

Paper (title undetermined). J. H. Carstens, Detroit.

"The Hymen—of what Significance is its Presence or Absence in Determining Virginity." John Milton Duff, Pittsburgh.

Paper (title undetermined). W. P. Manton, Detroit.

Paper (title undetermined). F. Blume, Pittsburgh.

"A Satisfactory Method for Suspension of the Uterus." Robert T. Morris, New York.

Paper (title undetermined). H. W. Longyear, Detroit.

"Some Points Regarding Surgery of the Gall-bladder." A. Vander Veer, Albany.

"Surgery of the Liver and Bile-ducts." W. G. Macdonald, Albany.

"Observations Respecting Malignant Disease of Pelvic Organs." Augustus P. Clarke, Cambridge.

Paper (title undetermined). M. Rosenwasser, Cleveland.

"Bilateral Cœliotomy and Shortening of the Round Ligaments for Complicated Retroversion of the Uterus." A. Goldspohn, Chicago.

Paper (title undetermined). W. B. Chase, New York City.

Paper (title undetermined). Charles A. L. Reed, Cincinnati.

"Round Ligament Ventrosuspension of the Uterus." D. Tod Gilliam, Columbus.

Paper (title undetermined). L. S. McMurtry, Louisville.

Professor A. Vander Veer.—Dr. A. Vander Veer, of Albany, N. Y., Professor of Abdominal Surgery and dean of the faculty of Albany Medical College, and a regent of the University of the State of New York, has recently been appointed a member of the Consulting Board of the New York State Hospital for the Care of Crippled and Deformed Children.

Death of Sir William Stokes.—Sir William Stokes, who went out to South Africa some time ago as one of the consulting surgeons to the British forces, died at Durban on August 19th. He was born in Dublin in March, 1839, and received his education at the University of Dublin. He was president of the Pathological Society in 1881, president of the Royal College of Surgeons in Ireland in 1887, and honorary president of the International Medical Congresses at Berlin in 1890, Rome in 1894, Moscow in 1897, and Paris in 1900. He held the office of surgeon-in-ordinary to the Queen in Ireland.—Medical Record.

Keokuk Medical College.—The Keokuk Medical College has added a department of pharmacy, that will be opened this fall.

Presbyterian Hospital of Philadelphia.—Dr. John H. Garvin and Dr. George Erety Shoemaker have been appointed gynæcologists to the Presbyterian Hospital, to serve six months each. A vacancy was caused by the death of Dr. R. M. Girvin.

Professor W. S. Halsted.—Prof. W. S. Halsted, of Johns Hopkins University, has been made Fellow of the Royal College of Surgeons.

Dr. H. W. Cattell.—Dr. H. W. Cattell has resigned from his position as pathologist to the Philadelphia Hospital.

University of California.—The University of California is to be presented with a complete outfit for the Department of Medicine by Mrs. T. B. Hearst.

Medical College of Virginia.—At a called meeting of the Board of Visitors of the Medical College of Virginia, Dr. Cunion G. Williams, of Richmond, Va., was unanimously elected Professor of Histology, Pathology, and Bacteriology, vice Dr. Ernest C. Levy, resigned.

Testimonial to Christian Fenger. — We learn from the Journal of the American Medical Association that the Chicago Medical Society has appointed a committee, consisting of Drs. W. A. Evans, W. L.

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Baum, and J. B. Murphy, to arrange for a testimonial banquet to be tendered to Dr. Christian Fenger on his birthday, November 3d. The affair will be national in character and is intended as a token of respect to Dr. Fenger, to show that his colleagues appreciate the services he has rendered his profession and humanity.

Dr. T. Hunt Stucky. — Dr. T. Hunt Stucky, of Louisville, has been chosen medical director for the Triennial Conclave of Knights Templar.

Franklin County (Pa.) Medical Society. —This society has elected the following officers: President, Joseph Snively, of Shady Grove; vice-presidents, W. A. Thrush, of Orrstown, and A. D. Dalbey, of McConnelsburg; recording secretary, J. J. Coffman, of Scotland; corresponding secretary, H. C. Devilbiss, of Chambersburg; censor, A. H. Strickler, of Waynesboro.

Geneva Hospital.—The Geneva (N. Y.) City Hospital will receive $10,000 by the will of the late Judge Francis O. Mason. Upon the death of two sisters of the deceased it will also receive $80,000 additional.

Tennessee Medical College.—Dr. Benjamin B. Cates has been elected to fill the chair of surgery in the Tennessee Medical College at Knoxville. Dr. H. J. Kelso takes the chair of anatomy; Dr. S. R. Miller takes Dr. Kelso's old place as Professor of Clinical and Operative Surgery, while Dr. C. R. Zemph becomes Professor of Materia Medica and Therapeutics. The chair of obstetrics was united with that of gynæcology under Dr. S. M. Miller. Those changes were necessitated by the recent death of Dr. John L. Howell.—Journal of the American Medical Association.

Dinner in Honor of Lord Lister.—Lord Lister was honored in Paris by a dinner given by the "Scientia" Society, August 1, at the Restaurant des Congrès in the Exposition grounds. About sixty guests were present. Lucas-Championnière told of his journey to Glasgow to see Lister, and how, after seeing and working with him, he returned as an apostle to Paris, but was not listened to. Pinard spoke of the debt owed by *accoucheurs* and their patients to Lister. In his own simple and quiet way Lord Lister responded, telling of his early struggles, which were without result until Pasteur showed the way, and disclaiming credit for the benefits of his work to humanity, which he said was due to the happy accident of his epoch.—Journal of the American Medical Association.

Professor McCall Anderson.—Dr. McCall Anderson, Professor of Clinical Medicine in the University of Glasgow, has been appointed to the chair of systematic medicine made vacant by the resignation of Sir W. Gairdner.

Northern Tri-state Medical Association. —This association met in Montpelier, Ohio. The following officers were elected: President, J. A. Weitz, of Detroit, Mich.; vice-president, L. E. Maire, of Detroit; secretary, H. D. Wood, of Angola, Ind.; treasurer, T. F. Wood, of Angola.

Fayerweather Bequests. — The decision of the Fayerweather will case was rendered and the will declared valid. By its terms $210,000 is bequeathed to the Woman's Hospital; $50,000 each to St. Luke's and the Presbyterian hospitals, and $25,000 each to Mount Sinai and the New York Cancer hospitals, the Methodist Hospital, Brooklyn; the Manhattan Eye and Ear Hospital, the New York Eye and Ear Infirmary, and the Montefiore Home for Chronic Invalids.—Journal of the American Medical Association.

A Rare Form of Hysterical Manifestation: Paralysis of the Diaphragm.—De la Tourette, in his work on hysteria, describes two cases of this very rare trouble; another is recorded by Petrazzini. In the case here given, a young girl, the trouble followed an attack of gastric catarrh. She had vomiting without nausea and gastral-

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gia. These disappeared in less than eight days under isolation. Shortly afterward a new symptom appeared; dyspnœa so intense and frequent as to interfere with sleep. The respiratory movements involved only the superior intercostals, the pectorals, the scalene and the sterno-cleido-mastoid muscles; the lower portion of the thorax remained immovable and the epigastrium was drawn inward at each inspiration. Respiration was loud and accelerated (82 per minute).

It was noted that the visual field was affected. Green and violet, both central colors, had an extended field, while white, essentially peripheral, did not reach the physiological limit. For the left eye especially the concentric retraction of red and white were interchanged, the circle of the latter appearing larger than that of the former.

Temperature, pain, and pressure were normal, but there was an incomplete zone of tactile anæsthesia involving the left arm as far as the elbow, the anterior part of the shoulder, and the out-portion of the breast including the nipple. Reduced sensibility was found in the soft palate, the pharynx, and the conjunctiva. There was an enfeeblement of the left arm (dynamometer registered 45 out right, 15 on left side); no muscular difficulty except this slight feebleness of the arm and the essential phenomena, the immobility of the diaphragm.

Based upon the symptoms pathognomonic of hystero-anæsthesia of the conjunctiva and of the palate, a cutaneous anæsthetic zone, absence of abdominal and pharyngeal reflexes, retraction of the visual field for white, bilateral ovarian hyperæsthesia, marked suggestibility, and modification of character, Mariani instituted his treatment; in the first place to give confidence to the patient and also by galvanization to act upon the sensory centres and thence upon the psychical centres.

After the first galvanization there was marked diminution of the dyspnœa, followed later by its disappearance; there was no modification of the anæsthesia. Fifteen days afterward there occurred a relapse lasting two or three days. Five months latter a current of cold air produced neuralgia; the neuralgia disappeared in five or six days.—Indian Lancet.

University of Maryland.—Prof. R. Dorsey Coale has been elected dean of the University of Maryland School of Medicine, *vice* Dr. Charles W. Mitchell, resigned.

A Medical Congress in Chili.—In December of the present year it is proposed to hold a medical congress in Santiago, Chili, where the other South American countries will be represented by delegates. In connection with the congress there will be an exhibition of hygiene, which will be opened on December 15th.

Royal College of Surgeons, Ireland.—Dr. Thomas Myles has been elected president, and Dr. Lambert H. Ormsby, vice-president of the Royal College of Surgeons, Ireland.

Book Reviews.

Manual of Pathology. Including Bacteriology, the Technic of Post-mortems, and Methods of Pathological Research. By W. M. Late Coplin, M.D., Professor of Pathology and Bacteriology in the Jefferson Medical College, Philadelphia, etc. Third Edition, Revised and Enlarged. With 330 Illustration and 70 Plates, many of which are Colored. Philadelphia: P. Blakiston's Son & Co., 1900.

Dr. Coplin has produced an excellent work. It is sufficiently full without being ponderous, its contents are well arranged, the descriptions are clear and exact, and the numerous illustrations add value to

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the text. This third edition has been considerably enlarged by the insertion of new matter.

The book is divided into three parts, the first of which deals entirely with technic, the second is devoted to general pathology, and the third treats of special pathology. The first chapter explains and illustrates the method of conducting a post-mortem examination. Succeeding chapters of the first part teach the methods of making sections and studying tissues under the microscope; the manner in which bacteria are cultivated, stained, and examined; the methods of examining morbid secretions and products. The second portion of the volume principally relates to the pathology of inflammation and of morbid growths. The third part acquaints us with the structural changes wrought by disease in different organs and tissues.

All these topics are fundamental to modern medical science, and we therefore feel that when we have stated that the text ably represents the present state of knowledge in these fields of research that we can hardly add anything more effective to our words of commendation. The book is, in fact, one which can be studied with profit and which constitutes an excellent guide in the important department of science to which it is devoted; one, moreover, which has undergone very radical alterations within the last two decades.

A Text-book of Practical Medicine. By William Gilman Thompson, Professor of Medicine in the Cornell University Medical College, New York City; Physician to the Presbyterian and Bellevue Hospitals, New York. Illustrated with 79 Engravings. Lea Brothers & Co., New York and Philadelphia, 1900.

Students and practitioners alike are to be congratulated upon the number of admirable treatises upon the practice of medicine which have of late years issued from the press. The arrangement and execution of the work before us is adapted to represent the wide field of general medicine in such a manner as to be practically useful. It embodies the extensive experience of the author in private practice and in hospitals for many years. The author has freely incorporated his personal acquaintance with the rarer affections as well as his deductions concerning treatment. His descriptions of the symptoms and course of the various affections which belong to the province of internal medicine are graphic, exact, and full of interest as well as instruction. Dr. Thompson has also, from his wide reading, woven into his text the important contributions continually pouring from the press of civilized countries relative to the facts of clinical medicine and the scientific basis upon which these rest. In what regards pathology the author has omitted nothing of significance bearing upon the subjects included within his volume.

The use of the microscope in the fields of study and research has thrown floods of light upon modern medicine, while the development of bacteriology has involved a reconstruction of our conceptions of the exciting causes of infectious disorders. All these matters are adequately recognized in this volume.

A Manual of Personal Hygiene. Edited by Walter L. Pyle, A.M., M.D., Assistant Surgeon to Wills Eye Hospital, Philadelphia, etc. Illustrated. Philadelphia: W. B. Saunders & Company, 1900. Price, $1.50 net.

This volume, of moderate size, contains a mass of useful information relative to the proper manner of preserving health of body and mind. It consists of a number of contributions, each of which is essentially independent of the others, but all of which necessarily exhibit an interdependence. In fact, as regards some of the most important topics, there has been intentional repetition in different chapters

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in order that the reader may receive instruction from different stand-points. The book is intended for popular instruction and contains chapters upon the hygiene of the digestive apparatus, skin, voice, lungs, ear, eye, brain, and nervous system, as well as a concluding section on physical exercise. Several prominent writers have collaborated in the production of this book, which is well planned and executed.

International Clinics. A Quarterly of Clinical Lectures and Especially-Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology; Dermatology, Diseases of the Eye, Ear, Nose, and Throat; and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., Director of the Ayer Clinical Laboratory of the Pennsylvania Hospital. With the Collaboration of John Ashhurst, Jr., M.D., LL.D., and Charles H. Reed, M.D., of Philadelphia; James T. Whittaker, M.D., LL.D., of Cincinnati; with Regular Correspondents in Montreal, London, Paris, Leipzig, and Vienna. Volume II. Tenth Series, 1900. Philadelphia: J. B. Lippincott Company, 1900.

This is a very interesting volume. It is principally devoted to therapeutics, medicine, surgery, obstetrics and gynæcology, and diseases of the eye and ear, with smaller sections upon neurology and dermatology. It contains, also, a description of the kromskop and a report of the fifty-first annual meeting of the American Medical Association. The kromskop, described by Dr. Cattell, is an ingenious instrument by which it has been rendered possible to reproduce in a picture not only the lights and shades of an image, but also its proper colors. The mode of using the instrument is explained, its value in reproducing the natural appearance of pathological specimens is pointed out, and a beautiful sample of its power is given in the frontispiece, representing an ovarian cyst. Professor Dieulafoy devotes a short article on the "Treatment of Erysipelas of the Face" to the discussion of the value of the hypodermic injection of Marmorek's antistreptococcic serum. The manner in which this serum is obtained and the mode of using it are set plainly before the reader, as well as the proper dose. The writer records his opinion that "the antitoxin treatment of erysipelas of the face may be regarded as the most rational and efficacious one we now have in our possession. The earlier in the course of the disease the injection is made, the better the effect. . . . It is entitled to take a permanent place in your therapeutic endeavors." Professor Ernest Barie, of Paris, writes in commendation of the treatment of the night-sweats of phthisis by the administration of sodium tellurate. From his clinical experience he believes that "there is no denying the fact that sodium tellurate is one of the most valuable agents in our possession for the treatment of phthisical night-sweats. . . . It has no toxic effect. . . . The only real drawback to its use is the smell of garlic it gives to the breath. This, however, is a matter of minor importance, and should deter neither physician nor patient." The prevalence of caisson disease, or compressed-air illness, in Cleveland during the construction of the new water-tunnel beneath the bed of Lake Erie has given Dr. Charles J. Aldrich, of that city, an opportunity to bring a case of that disease before his class in the College of Physicians and Surgeons of Cleveland and to study its clinical manifestations, etiology, morbid anatomy, and treatment. He has prepared for this number an important lecture upon this subject. Another valuable article is by Dr. Andrew H. Smith, of New York, upon "The Inadequacy of the Physical Signs as Indicating the Gravity of Pneumonia." Drs. C. C. Mapes and

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Frank K. Green, of Louisville, contribute a careful study of elephantiasis arabum. Professor James C. Wilson, of Jefferson Medical College, writes instructively of "Atypical Enteric Fever." It is highly desirable that such cases should be promptly recognized, and the wide experience of Dr. Wilson, as recorded in this article, will be of decided assistance to the reader. Professor Edmund Andrews, of Chicago, communicates an able and well illustrated paper on "The Modern Operation for the Radical Cure of Inguinal Hernia," a subject which will certainly appeal to many readers.

We have selected, as instances of the contents of this volume, the above titles by reason of their importance or of something novel in the manner of their treatment. The other articles are all instructively written by excellent authorities of this and other countries, and the result is a number that should receive a cordial welcome.

The Law in its Relation to Physicians. By Arthur N. Taylor, LL.B., of the New York Bar. New York: D. Appleton & Company, 1900.

We fear that physicians, as a class, are not informed as well as, for their own protection, they should be of the many points in which medical practice comes in touch with the law of the land. Nevertheless, it is of exceeding importance that every member of the profession should be instructed on this subject.

The present work, of very moderate size and excellently written, should be on the shelf of every physician. Its special value to the individual is that it relates to subjects which are by no means so well known as the field of medical jurisprudence, and which nevertheless are of daily significance to every man who practices medicine. This book, in fact, contains authoritative information concerning his legal rights and liabilities, and places within the reach of every physician a systematic treatment of those questions of law which present themselves most frequently in his ordinary professional work and which he may at any moment be required to know. The object for which the book has been written is ably accomplished and it can be highly recommended.

First Annual Message of Samuel H. Ashbridge, Mayor of the City of Philadelphia. With Annual Reports of Abraham L. English, Director of the Department of Public Safety, and of the Bureau of Health for the Year Ending December 31, 1899. Issued by the City of Philadelphia, 1900. Philadelphia: Dunlap Printing Company.

This message and its accompanying reports are of great interest as indicative of the deep and intricate problems which confront the authorities of a vast municipality and of the enlightened efforts which have been and are being made for the satisfactory settlement of such questions as, for instance, the effectual filtration of drinking-water, the protection of individual liberty, and the suppression of vice and crime, together with the measures taken to prevent the spread of infectious and contagious disease, light the streets and buildings, and provide suitably for the instruction of youth in the branches of a sound education. The book, with its figures and statistics, contains a large fund of information presented in a clear and impressive manner.

Practical Uranalysis and Urinary Diagnosis. A Manual for the Use of Physicians, Surgeons, and Students. By Charles W. Purdy, LL.D., M.D., Queen's University, Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada; Professor of Clinical Medicine at the Chicago Post-graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: Its Causes, Symptoms, and

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Treatment." Fifth Revised and Enlarged Edition. With Numerous Illustrations, including Photo-engravings, Colored Plates, and Tables for Estimating Total Solids from Specific Gravity, Chlorides, Phosphates, Sulphates, Albumin, Reaction of Proteids, Sugar, etc., in Urine. 6 x 9 inches. Pages xvi-406. Extra Cloth, $3.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

The usefulness of this work is attested by the favor with which it has been received and the rapid exhaustion of four large editions. In preparing this fifth issue the author has spared himself no pains in thoroughly revising the text so that it shall be completely representative of the present *status* of the subject. The method of testing for albumin in the urine has, in particular, been rewritten, and a few quantitative procedures have been added. Dr. Purdy has, by constant labor, succeeded in extending the range of centrifugal analysis so that it includes complete and practical data for urinary work. He has rendered it possible to determine simply and rapidly, both relatively and absolutely, the quantities of albumin, chlorine, phosphoric and sulphuric acids in the urine. The essentials for securing accurate results can be readily practiced in the most ordinary laboratory. The electrical centrifuge devised by the author is described in detail in the book. The immense advantage of this method will be appreciated when we read the author's statement that it has been repeatedly demonstrated in his laboratory that it is possible to make a fairly complete analysis of urine, both qualitative and quantitative, in from twenty minutes to half an hour which formerly required twenty-four hours' time.

Another feature of the fifth edition which will doubtless receive, as it deserves, the general approval of readers is a separate section upon the microscope, with directions how to employ the instrument in examining urine. This section will be of decided assistance to the beginner in this form of work.

It is one thing, however, to recognize crystals, casts and epithelium, blood-corpuscles, pus-cells, lymph-cells, and other elements, but it is quite a different matter, and one which is much more important to the practitioner of medicine, to deduce from these objects the condition of the kidneys and other portions of the urinary apparatus. This part of the field of study is treated by the author very fully, as he justly recognizes the fact that this is precisely the object for which physicians examine urine.

A Manual of Operative Surgery. By Lewis A. Stimson, B.A., M.D., Surgeon to the New York and Hudson Street Hospitals, etc., and John Rogers, Jr., B.A., M.D., Surgeon of Gouverneur Hospital, New York, etc. With 293 Illustrations. Fourth and Revised Edition. Philadelphia: Lea Brothers & Co., 1900.

One extremely important part of a medical student's training consists in learning the established operations by practice upon the cadaver. By this means he acquires a knowledge of the various procedures, can form some estimate of their comparative difficulty, and can gain a certain degree of manual dexterity. The work before us is an excellent guide to such a course. With diligent work upon the dead body and assiduous study of this book the neophyte should become possessed of fairly adequate ideas of the manner of performing the classical operations. The ligation of arteries, the modes of amputation, and excision, together with numerous special and miscellaneous operations, are all taught in this book, and the various steps are shown plainly in the many illustrations which accompany the text. The work is of value, furthermore, in containing the conclusions drawn from personal experience.

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COMMERCIAL NEWS.

THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF POWERFUL DRUGS.

By F. O. Hawley, M.D.,
CHARLOTTE, N. C.

Every important drug which can be so treated must be subjected to a scientific chemical analysis, to determine what proportion of active principle it contains. Then it should be an easy matter so to adjust the strength of the finished product that a given dose shall always represent a fixed amount of alkaloid or other active principle.

But that method will not apply to a large number of valuable drugs which cannot be standardized by chemical means. Among these we may mention aconite, Indian cannabis, cantharides, ergot, digitalis, strophanthus, convallaria, squill, elaterium, and others equally important. These drugs cannot be assayed in the laboratory of the chemist because their active principles decompose in the process of separation; therefore the results of their chemical analysis are vague and unreliable. The only rational method by which we can determine their strength is that known as "physiological standardization."

Messrs. Parke, Davis & Co. have gone into this subject in a scientific way, and have very completely equipped laboratories under the control of expert pharmacologists who test upon living animals all preparations of important drugs that cannot be assayed chemically. In this establishment Indian cannabis is tested upon dogs. The oxytocic power of ergot is determined by observing its effect upon pregnant animals, and its hæmostatic action is estimated by noting the effect upon the combs of cocks, which become blackened and even gangrenous under its influence. The heart-tonics, such as digitalis and strophanthus, are tested upon frogs, the demonstration of their action being accurately portrayed by kymographic tracings. Special apparatus is also provided to determine the physiological effects of other medicinal agents upon the blood-pressure, the heart, the respiratory apparatus, and the localization of their action in the nerve-centres.

The crude drug is thus tested before it is accepted as fit to enter into the composition of medicinal preparations, and the finished product is again tested in the same way. Any variation is corrected, so that a given dose of a physiologically-standardized preparation may be depended upon to yield a positive result.

In conclusion, let me say only this: It seems to me that the importance of specifying standardized preparations must appeal to the intelligence of every medical practitioner. The welfare of the patient and the good name of the physician can only be enhanced by the adoption of physiologically-standardized preparations. —New York Medical Journal, February 17, 1900.

The Portal Circulation.

In a large majority of troubles that come to our attention the first manifestations are indicated by the liver, and if the function of this organ can be restored to a normal condition a great many of these troubles can be aborted. Chronic constipation often starts in a congested or obstructed portal circulation, and soon all the incidental manifestations of constipation are evidenced. In congested or obstructed portal circulation we want to remedy several conditions. One is to relieve the engorgement of the liver, another to remove the excess of bile in the gall-bladder; another to increase the peristaltic action of the small intestines; and to see that the rectum is free from impacted fæces. The rectum and liver are intimately associated through the hæmorrhoidal arteries, and irritation of the rec-

(Continued on Advertising Page 18.)

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A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

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"I HAVE USED

ESKAYS Albumenized FOOD

In Cholora Infantum

where there was persistent emesis and succeeded in keeping ESKAY'S down where other foods were rejected," writes an Ohio physician.

Samples and Clinical Reports on Application

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tum deranges the liver, and *vice versâ*. Drastic purges or cholagogues are not indicated, but a stimulating cholagogue which empties the gall-bladder is preferable. The bile in the intestinal tract increases the peristalsis and in some cases this movement has to be assisted. These indications are fulfilled in the use of chionia, which is an hepatic stimulant, and indirectly, but surely, a reliable laxative.

In the treatment of derangements of the portal circulation, if the lymphatics are strengthened and stimulated we get an amelioration of the symptoms. Drastic purges are generally used for this purpose, but they will frequently congest the hepatic glands, and in all probability increase the constipation already existing. Chionia stimulates the hepatic glands without producing congestion, and also increases the secretion of bile. Through its regular action on the portal circulation, and its stimulating effect upon the liver, the functions of this organ are increased or restored to normal. In the use of all drugs which act as laxatives or purges it is of great importance that the rectum should be free from impacted fæces, and enemas should be used for this purpose, in preference to suppositories, for the latter will often cause a rectal irritation.—T. E. Converse, M.D., Louisville, Ky.

Intestinal Rest in Typhoid.

It is an axiomatic principle in both surgery and medicine that a congested or inflamed part needs rest. The surgeon recognizes this when he immobilizes the fractured bone and retains the fragments in apposition; the physician likewise appreciates the great importance of this principle in cases of gastric ulcer when he feeds his patient by the rectum in order to avoid irritating the inflamed part, either directly or by exciting gastric motility. Although typhoid fever is essentially a systemic disease, its characteristic local lesion is the intestinal ulcer, which should, as far as possible, be kept at rest. Milk, which has heretofore been regarded as the only proper exclusive food, is, as a recent writer says, "not a liquid diet, but a deceptive solid"—capable of filling the small intestines with dense indigestible curds, which scratch and irritate the ulcerated bowel and, in addition, ferment and cause gaseous distension, tympanites, etc. Liquid peptonoids, on the other hand, is open to none of these objections. Its administration affords rest to the ulcerated intestinal tract because:—

1. It is predigested and therefore promptly absorbed from the stomach, leaving no residue for the bowel to dispose of.
2. No curds are formed as from milk.
3. It is absolutely aseptic, and cannot cause fermentation, tympanites, or increased peristalsis, resulting in diarrhœa.
4. It has the requisite nutritive power to maintain life for weeks and even months, especially in febrile conditions.

Another advantage of liquid peptonoids is its palatability, which renders it grateful to the patient, especially when given ice cold.

From 1 to 2 tablespoonfuls every two, three, or four hours should be given as necessary. When an efficient intestinal antiseptic is required, as it very frequently is in this disease, "liquid peptonoids with creasote" provides both food and remedy at one and the same time. The unpleasant taste of the creasote is almost entirely abolished in this combination. Each tablespoonful contains 2 minims of pure beechwood creasote and 1 minim of guaiacol, its active principle.

How to Treat Hay Fever.

In all acute attacks I rely almost exclusively on blennostasine: This is made by McKesson & Robbins, and can be given, in pill, from 3 to 5 grains. The action of the drug is rapid and produces a splendid

(Continued on Advertising Page 20.)

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Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
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Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

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effect in aborting or breaking up these acute conditions. The excessive mucous secretions are arrested and the sneezing ceases. A mild acid nasal spray or an antiseptic ointment may be used. The use of blennostasine and a rigid antiuric diet is the medical treatment I rely on. The action of the drug should be carefully noted in order that no bad effect may be produced. Under its use the mucus disappears. It is non-toxic and is much preferred to belladonna. Five grains administered at night prevent accumulations of nasal secretions and give the patient much needed rest. — H. Foster, M.D., Kansas City, Mo.

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This step was rendered necessary, owing to the steady, continuous growth of their business throughout the great West, and, now having supplied these additional facilities, they will be enabled to meet with promptness and certainty all demands that may be made upon them.

Mr. J. W. Parry, an old and well trusted employee, who is familiar in all details with the field in which he will operate, will be in charge of the new branch, and will be ably supported by Mr. R. S. Johnson, whose energetic efforts in the past have contributed in no small degree to the gratifying and remarkable extension of this firm's Western business.

Astringent Medication in Diarrhœal Troubles.

Alimentation in gastro-intestinal affections attended with diarrhœa is often a serious problem. Owing to the disturbance of the digestive functions in these cases, foods that in health are easily digested frequently act as irritants and increase the diarrhœa. Even predigested foods may be badly tolerated, while the digestive ferments no longer occupy the place that they once enjoyed in the therapeutics of gastro-intestinal troubles. On the other hand, much good may be expected of a food which, while highly nutritious and perfectly bland, exerts in itself a slight constipating effect, thus aiding in the relief of the diarrhœa. The best type of such a preparation is lacto-somatose, in which the albumoses, or the digested albumins of milk, have been firmly combined with a small percentage of tannic acid, only sufficient to induce a slight astringent effect. Lacto-somatose appears in a powder which is practically tasteless and odorless and readily soluble in water and other fluids. It is relished by infants, and may be administered to them with perfect safety even in conditions of extreme irritation of the intestinal canal, such as are met with in acute enterocolitis, gastro-enteritis, and cholera infantum.

Neurasthenia and Genital Disease.

Since the first accurate description of neurasthenia by Dr. Beard this disease has been made the subject of numerous careful clinical studies, especially in America, where it seems most prevalent.

It has been found that this condition may be due to a variety of causes and it becomes necessary, therefore, to determine the exact etiological factor in every case in order to adopt a successful line of treatment. In a very important group of cases in women the chief exciting cause is disease of the generative organs, the neurasthenic symptoms being dependent upon the reflex disturbance of the central nervous system, due to the local irritation. The treatment of this class of patients must, of course, be particularly directed toward the removal of the local trouble, in connection with the employment of such

(Continued on Advertising Page 22.)

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hygienic regulations and internal remedies as will improve the state of the nervous system.

Among the topical measures for the removal of irritation, congestion, and inflammation of the genital organs, Micajah's medicated uterine wafers are especially adapted for this class of cases. These patients are apt to be made worse by severe operative procedures. On the other hand, as the wafers are easily applied, unirritating, and cleanly, patients do not object to them, and their use is promptly followed by relief of the local symptoms, and in many instances by a permanent cure, without the necessity of surgical intervention.

Spermatorrhœa.

Having a case of spermatorrhœa of several years' standing, which came under my care about nine months ago, I prescribed the usual remedies in this case,—viz.: bromide of potash, ergot, ferrum, digitalis, belladonna, and cimicifuga,—with very satisfactory results. Seeing your preparation, celerina recommended for this affection, I procured some, and administered it in this case, with such marked results after the use of the first bottle, that I immediately ordered two more bottles, which have entirely cured him of this affliction. I have two other patients now under treatment with celerina who are progressing very favorably. After a practice of twenty-nine years I have no hesitancy in saying that it is the most effectual remedy that I have ever prescribed in the above disease.—H. E. Raub, M.D., Quarryville, Pa.

Food-theory of Medicine.

Walter Emery Merrill, M.D., United States Marine-Hospital Service, says: "Among the advanced members of our profession, I believe the drug tissue-feeding theory no longer obtains. And rightly so, for it has not been proved that medicine is ever, in itself, a food. The large number of malarial cases emanating from the tropics are cured in the Marine-Hospital Service, not by tissue-feeding, but by ridding the system of the intruder and directing the vital forces along the lines of repair. This I find to be best done by the frequent and judicious administration of laxative antikamnia and quinine tablets."

Sanmetto Indorsed after Watching its Effects in Several Hundred Cases of Genito-Urinary Diseases.

It gives me great pleasure to add my testimony to that of the many eminent physicians in this city and elsewhere, attesting the wonderful curative value of sanmetto. In nearly all genito-urinary ailments, especially of a chronic nature, it is simply invaluable. I consider sanmetto almost a specific for chronic prostatitis, especially in old men, where more or less hypertrophy exists; also in weakness of the generative system it has wonderful power in restoring waning sexual strength. This is my first testimonial for any medicine, but having prescribed sanmetto ever since its introduction to the profession, and watched its effects in several hundred cases, I feel that I need not hesitate to indorse it.—L. E. Miley, M.D., Grad. 1881 Michigan University; Member American Medical Association; Member Illinois State Medical Association; Member Chicago Medical Society, Chicago, Ill.

Nirvanin.

Dr. Elsberg, in the New York Medical Journal of January 13th, reports having used nirvanin in a variety of surgical operations, and concludes his paper by stating that it has distinct and valuable anæsthetic properties when injected into the tissues according to the infiltration

(Continued on Advertising Page 24.)

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method; that it is ten times less poisonous than cocaine and more than three times less poisonous than eucaine; that it has distinct antiseptic properties, a 1-per-cent. stock solution remaining sterile; that it is stable, and can be boiled a number of times without diminishing to any degree its antiseptic properties.

This anæsthetic has been used quite satisfactorily in dental surgery for the painless extraction of teeth. Drs. Kyner, Rothenberger, Marcus, and Gee have reported their experiences with the drug. It was used by these dentists in a 3-per-cent. to 5-per-cent. solution, and the patients were enabled to proceed with their usual occupations immediately after they left the chair. These operators report that the use of nirvanin has not been followed by sloughing, which has been one of the objections to the use of cocaine.

Kansas City, Mo., Oct. 21, 1898.

To Whom It May Concern: The formula of the wine styled "cortexalin," or "wine of barks," having been submitted to me, I can frankly say is made up only of vegetable bitters which cannot possibly do harm to anyone and should be of especial value in all forms of debility—such as that following protracted illness of most any kind, where the secretions are vitiated either in quality or quantity. It should be an excellent tonic for those past fifty who need slight stimulation to the digestive and circulatory system.—H. C. Crowell, M.D., Gynæcology and Abdominal Surgery, Altman Building, Eleventh and Walnut Streets.

"The non-secret formula of Platt's chlorides commends it to the physician and hygienist. I've never been disappointed with it in private and infirmary practice, using it as a disinfectant, deodorizer, and antiseptic."—Prof. E. J. Beall, M.D., Ex-President of the Medical Department of the Fort Worth University, Fort Worth, Texas.

The Diet in Chronic Diarrhœa of Infants.

If the child be under one year of age the diet must not go beyond the range allowed at that period of life.

Barley-water and whey, perhaps milk according to circumstances, and Mellin's food, raw meat-juice, white of egg or yellow of egg with water, mutton-broth, weak beef-tea, is a sufficient list of foods.—"Treatment of Disease in Children" (Angel Money, M.D.).

Visitors to New York City, on pleasure or business bent, will find the Everett House the most convenient and pleasant abiding-place for either a few days' sojourn or a more extended stay.

Located at Seventeenth Street and Union Square, in the very heart of the popular shopping district, and readily accessible from all parts of the city, it overlooks the beautiful Union Square Park, which insures cool rooms and a comfortable night's sleep, even in the warmest weather. It has long enjoyed an enviable reputation for the excellence of its cuisine and general comfort in all its appointments, being thoroughly modernized and fully abreast with the times.

Its genial proprietors, William M. and B. L. M. Bates, possess that happy faculty of making their guests feel perfectly at home, and cater to their every want.

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

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Original Communications.

A SIMPLE AND EFFECTIVE TREATMENT FOR DYSPEPSIA.

BY J. M. McLEOD, M.D.,

Professor of Surgery in the Lincoln Medical College, Surgeon to Lincoln City Hospital,

LINCOLN, NEB.

AS A result of the labors of Ewald, Boas, Leube, Einhorn, and others, it is possible to determine both the pathological and the chemical conditions of the stomach existing in dyspepsia. But to determine these points it is necessary to have a special laboratory training and a great deal of time: requisites which the average physician does not possess. In the meantime these cases come into the hands of the latter with regularity and increasing frequency, and there is certainly a great need for a simple and effective method of treating dyspepsia. Fortunately I have been so situated as to be able to study the subject according to the laboratory methods described and practiced by the above-named specialists. There are, however, almost insuperable reasons why these methods can never be universally adopted in general practice. In the first place, it requires an enormous amount of time. Then, the conclusions based on these methods, as to the proper treatment, are so full of detail and cumbersomeness as to render the plan ill adapted for general use. The question of diet alone is a very troublesome one. It is comparatively easy to lay down fast and hard rules as to what a dyspeptic may and may not eat, but the patient's part is exceedingly unpleasant. In the first place, it requires such a radical change in his long-established habits in eating, and such a necessary disregard of individual tastes, that he frequently discontinues treatment in disgust. If the plan herewith submitted has no other point to commend it than that it offers an effective treatment for patients who will not submit to a greatly restricted dietary, or, in short, a means whereby we may meet the conditions of maldigestion as we find them, not as we would have them, it is well worth consideration.

The first broad and universally conceded principle applicable to maldigestion is that a constant and essential feature of the condition is a lack of ability on the part of the digestive organs to properly perform their functions; this fact is equally true of acute dyspepsia, chronic gastric catarrh, and the various forms of so-called amylaceous or starchy dyspepsia. In most cases the causative element is a defective and deficient secretion of the digestive ferments; this, in turn, gives rise to a whole train of symptoms, which we recognize clinically as dyspepsia. This lack of digestive ability is an unmistakable and imperative indication for artificial aid—to supply those working principles by which foodstuffs are converted into the end proteids of digestion. This fact, which may be termed an axiom, stands out

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prominently in every scientific treatise upon dyspepsia. The great question, however, is how can artificial digestion be best accomplished? That pepsin, pancreatin, and the various diastasic ferments fail in this respect will be acknowledged by everyone of experience; their field of usefulness is at best an exceedingly limited one, and may be characterized as unreliable. It is interesting to note, in this connection, the recent results obtained by Prof. Reynolds Green, the well-known English physiological chemist, who found that pepsin does not, in itself, effect the digestion of albuminoids into peptones, but that it is merely an initiatory step, which is completed by the pancreatic ferments in the intestines. Other well-known facts concerning pepsin and pancreatin throw additional light on the subject of why these are clinically ineffective. For instance, pepsin requires a strongly-acid medium, else it is inert. Pancreatin is likewise inert in an alkaline medium. Furthermore, neither ferment is strong in its digestive power. As is well known, the gastric contents in the various forms of dyspepsia are sometimes acid, sometimes alkaline. In other words, the pathological conditions in dyspepsia call for the exercise of properties which pepsin, pancreatin, and the diastasic ferments do not possess. Another reason for the limited value of the above ferments is that the subjective symptoms of dyspepsia imperatively demand the administration of palliative remedies for relief, and many of these remedies destroy the physiological activity of pepsin, pancreatin, etc. An ideal ferment must possess the properties of digesting all classes of foodstuff as represented in an ordinary diet, and, most important, must exercise its activity absolutely independent of chemical conditions existing in the stomach. Furthermore, it is necessary that such a digestive ferment preserve its power when administered conjunctively with the various antiseptics, astringents, bitter tonics, etc., without the aid of which there can be no successful treatment of dyspepsia. Most interesting in this connection is the published report of Professor Chittenden, of Yale, regarding vegetable ferments, showing that "caroid," the soluble digestive ferment derived from *Carica papaya*, possesses the following characteristics:—

1. It is a true soluble digestive ferment of vegetable origin.

2. It has marked proteolytic action in acid, alkaline, and neutral solutions and in the presence of many chemicals, antiseptics, and therapeutic agents.

3. It has a peculiar softening and disintegrating action on proteids, and its general proteolytic action is that of a genuine digestive ferment, similar to the ferments of animal origin.

4. It has amylolytic, or starch-dissolving, power.

5. It has a marked rennet-like action upon milk and a pronounced digestive action upon milk-casein.

6. It exerts its peculiar digestive power at a wide range of temperatures.

7. The ordinary conditions of health and disease in the stomach and intestines are not likely to check its action, while certain possible conditions may accelerate it.

Here we have an agent that in action differs widely from the digestive ferments of animal origin, and one that, on theoretical grounds, perfectly fulfills the requirements of artificial digestion. I have been convinced by an extensive clinical experience, embracing several hundred cases, not only that it also practically fulfills these requirements, but that caroid is by far the most valuable single agent we have for the treatment of dyspepsia. Particularly gratifying is the fact that the symptoms of the disorder will yield to the administration of appropriate remedies when used in conjunction with caroid, which, without this latter agent, partially or completely fail. Although previous to the use of this digestive I had resorted to the examination of the stomach-contents in almost every case as a routine practice, in order to determine in what ele-

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ments and how far the digestive powers of the stomach were impaired, I now reserve this procedure for certain rare cases in which there are special reasons for knowing the exact chemical and other conditions existing in the stomach. The results obtained are extremely satisfactory, and the saving of a great amount of time is, in itself, a strong commendation.

In regard to diet, the character of the patient should be first considered, and, if a restricted diet will be observed, it should be required. On the other hand, if satisfied that a strict diet will not be observed, it is better to prescribe only such general rules as the patient will probably follow, such as regular meals, proper mastication, the avoidance of all coarse, overstimulating, and improperly-cooked foods, and especially the avoidance of those foods to which troublesome symptoms can be ascribed. It is seldom necessary to bar tea or coffee, unless their use has been excessive.

The most common class of cases—those ordinarily designated chronic dyspepsia or chronic gastric catarrh—are, according to the usual methods of treatment, difficult to manage even upon a semblance of routine plan. These patients—whose complaints are so well known that it is almost superfluous to mention them—present symptoms soon after eating. There is pain and a sensation of fullness in the region of the stomach, with evidences of slow digestion and acid eructations. Flatulence, constipation, capricious appetite, nausea, and vomiting are present with varying degrees of frequency. Except when special symptoms are particularly accentuated and call for the administration of special correctives, these cases may be satisfactorily treated by either of the following combinations now offered in the form of tablets:—

1. Caroid, gr. j.
   Charcoal, gr. iss.
   Boric acid, gr. iss.
   Sacch. lac.,
   Pulv. arom., q. s.

2. Caroid, gr. j.
   Soda bicarb., gr. iij.
   Menth. pip.,
   Sacch. lac., q. s.

If fermentation and excessive acidity are especially pronounced, caroid may be judiciously combined with creasote, in 3-grain doses; thymol; bismuth; or larger doses of sodium bicarbonate, according to individual requirements. In atonic dyspepsia, characterized by loss of appetite and the inability to digest food, a combination of caroid with the usually-employed bitter tonics—nux vomica, quassia, gentian, etc.—affords surprisingly quick relief, and in most cases permanent cure.

It is not my object, in presenting this paper, to offer a systematic treatise upon the treatment of dyspepsia, but merely to emphasize the fact that this condition can, according to the above general principles, be satisfactorily treated by the average general practitioner, who has neither the time nor the laboratory training and equipment to study scientifically the exact chemical and pathological conditions existing in the stomach. As above mentioned, it is a simple and effective method which has proved invariably satisfactory after three years' extensive employment.

THE USE OF PROTARGOL IN THE TREATMENT OF VENEREAL ULCERS.

By Hiram Williams, M.D.,
passaic, n. j.

In presenting the histories of the following cases to the attention of the profession I would state that, having found protargol so beneficial in the cure of gonorrhœa, and bearing in mind its power as a germ-destroyer, it occurred to me that its use might also be extended to the treatment of ulcers of the genital organs. The number of cases in which it has been tried by the writer has been limited, but the results have been uni-

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formly successful. Although I can find no references in the literature to the employment of protargol in the treatment of chancroids, it has been recommended by Benario, Valençon, and Floret as an application in various ulcerative conditions, especially the so-called varicose ulcers. In the cases reported it rapidly diminished the secretions, stimulated the formation of granulations, and promoted prompt and complete cicatrization. It was usually employed as a dusting-powder, ointments, or solutions.

Case I.—A man, aged 22, came to my office for treatment in December, 1899, having two chancroids upon his penis: one on the glans, the other on the upper side of the foreskin. The usual remedies were applied, —ointments, powders, and washes,—but to no avail. The ulcers became larger. On January 26th I began using a 1-per-cent. solution of protargol, the patient being instructed to keep gauze, wet with the solution, in contact with the ulcers. Both began to heal at once; in seven days the one on the glans was healed completely, the other at the end of fifteen days. When protargol was first used this ulcer was as large as a thumb-nail; the other was slightly larger than the end of a lead-pencil. No internal treatment.

Case II.—Patient, male, aged 30, single, no previous venereal history, applied to me for treatment of three small ulcers upon his penis and which were diagnosed as herpes progenitalis. In this case I first had the patient use a powder composed of equal parts of protargol, calomel, and bismuth subnitrate. The lesions became worse, and after the use of this powder for a week it was discontinued and a 1-per-cent. solution of protargol employed. Sterilized gauze, wet in the solution, was applied, and a change in the appearance of the ulcer was noted at the end of two days. Treatment was continued for ten days, at the end of which time all three had healed perfectly.

Case III.—In July, 1900, a man, aged 25, applied to me for treatment of a chancroid at the meatus urinarius and another on the glans. Not being satisfied with my former experience with its use in connection with calomel and bismuth, I applied a small amount of protargol to both ulcers, but the intense smarting sensation produced by this application, and the protests of my patient, caused me to order the continuous application of 1-per-cent. solution, which was free from any disagreeable effect. Both ulcers healed within three weeks, the one at the meatus not yielding as quickly as the other.

Case IV.—A male, aged 30, consulted me for the treatment of a small chancroid upon the frænum. I ordered 8 ounces of a 1-per-cent. solution of protargol and some sterilized gauze, with directions to keep the ulcer moist with the solution. This patient was a man of careless and unclean habits, but in spite of them the ulcer showed signs of healing on his next visit, five days later. The improvement continued until four weeks from his first visit, when the sore was completely healed.

Case V.—A male, aged 26, married, came to me in a very excited condition for treatment, and informed me that he had syphilis. On inspecting his penis it was seen to be a case of balanitis, the prepuce being swollen and discharging freely. After washing the affected parts with warm water in order to be sure that there were no other lesions present, and giving directions for its use, I ordered a quantity of a 1-per-cent. solution of protargol, with which the part was to be bathed three times daily. In the intervals a piece of gauze wet in the solution was to be placed upon the glans and the prepuce pulled over it. In the anterior portion of the gauze a small round hole was cut opposite to the urethral orifice. This treatment was continued for two weeks, when the patient was discharged cured.

Case VI.—This was my most troublesome case (chancroids with phimosis). The præputial sac was syringed with a 1 $^{1}/_{2}$-per-cent. solution, and external applications of the same strength were employed upon the reddened and empurpled prepuce for a week.

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Circumcision was performed, and the patient recovered with no further trouble.

CASE VII.—Male, aged 22, having gonorrhœa and chancroids. This patient had gonorrhœa three years before, and had always had a slight discharge since, augmented by drinking liquors at intervals. He was given an injection of a 1-per-cent. solution of protargol, to be used twice daily, and a quantity of 1 $^1/_2$-per-cent. solution of the same remedy for external application. The discharge from the urethra ceased in twenty-two days. There has been no relapse. The chancroids healed in twenty-seven days.

CASE VIII.—A man, aged 27, married, had been away on a protracted spree and had acquired gonorrhœa and chancroids. He applied to another physician, who gave medicine to be taken inwardly, injection of zinc sulphate, etc., and a powder to be applied to two ulcers upon the glans; these had become confluent, and formed one sore as large as a penny. Not improving after two weeks, the man came to me for treatment, and I ordered a large bottle of 1-per-cent. solution of protargol, with directions as given in cases noted above, to wit: two injections daily, and keeping the sore wet by means of gauze. The discharge from the urethra ceased in five days, but the patient discontinued his injections too quickly, and after four days it began again. It persisted for eleven days and then ceased. There has been no return. In fifteen days the ulcer had healed.

CASE IX.—Boy of 19 years, with balanitis and phimosis. I syringed with a 1-per-cent. protargol solution, and made external applications of the same. Circumcision was performed, and the patient recovered in three weeks.

In closing I would call attention to the fact that the use of protargol in solutions was attended with better success than the application of the powder. The powder produced an intense smarting and burning of the ulcer when applied, which, however, was of a temporary character, as the persons on whom it was used admitted that, while it was intensely painful, yet this feeling passed away at the end of one hour at the longest. I consider protargol, in a solution of 1 $^1/_2$ per cent., to be far superior to black wash or powder of calomel, iodoform, etc. Possibly some future investigator may find its unpleasant effects in the powder form to be less than the writer did, for in those cases in which it was used the patients were neurotic and very sensitive to pain. The strongest solution employed was 1 $^1/_2$ per cent., and as that and the 1-per-cent. solution gave such good results it was not considered necessary to increase the strength. No discomfort was experienced from solutions of this strength, except in one case, and the patient afterward admitted it to be due to another cause. At a later day I hope to record my further experience with this useful drug.

150 Monroe Street.

ACUTE SPHENOIDAL SINUSITIS TERMINATING IN FATAL SUPPURATIVE MENINGITIS AND DIAGNOSTICATED ONLY AT THE AUTOPSY.[1]

BY DR. J. TOUBERT,

Surgeon-Major of the Second Class, Professor agrégé at Val-de-Grâce.

CASE.—Paul H., 22 years of age, a young soldier, free from hereditary and personal pathological antecedents except an attack of scarlatina at the age of 11, entered the hospital, December 2, 1899, on account of grippal bronchitis.

In a first and medical phase the disease developed in two stages, the first of which was bronchitis, which was cured in twelve days, and a relapse complicated by angina,

[1] "Un Cas de Sinusite Sphenoidale à Symptomes frustes terminée par Meningite suppurée mortelle et diagnostiquée seulement à l'autopsie." Par le Dr. J. Toubert, Médecin-major de deuzième classe, professeur agrégé au Val-de-Grâce. Translated for THE MEDICAL BULLETIN. Paper presented to the French Society of Otology and Laryngology, May, 1900. Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie, 15 Septembre, 1900.

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which, in its turn, disappeared by the end of December.

In a second and surgical phase the evolution was again by two stages: an acute otitis media and a relapse of the otitis.

The classical symptoms of acute otitis appeared upon the 1st of January, 1900. There was atrocious pain in the left ear, radiating to the face, and sensibility in front of the tragus and behind the external ear. Upon examination the membrana tympani was seen projecting and exhibiting a phlyctenuloid aspect, from the centre to the upper wall of the meatus. Paracentesis gave issue to a serosity, the escape of which relieved the tension of the membrane and alleviated the pain. On the following day there was very abundant suppuration, which continued for three days and then diminished, so that by the twelfth day the membrane was rose-colored and normal in appearance, with the exception of a slight trace of the incision.

For two weeks recovery seemed to be complete. One month subsequent to the beginning of the first attack, however,—*i.e.*, on the 1st of February,—pain and suppuration recurred and a second course of acute otitis, in every respect comparable to the first, evolved. Thirteen days after the commencement of this second attack it had notably declined, but at this juncture the patient entered upon quite a new order of events.

During this third phase the predominant symptom was an intense, diffuse headache, which was so distressing that the man instinctively clasped his head between his hands. There were some chills, not severe, but repeated. The temperature was 40.3° C. (104.5° F.). There was no reaction in the mastoid or carotido-jugular region. There was no disease of the thoracic or abdominal organs. For three days, from the 16th to the 19th of February, the condition remained the same. There were debility without stupor, incoherence, and nightmares, without delirium. The pupils were equal and moderately dilated. There were no modifications of the fundus of the eye or the papilla. Some bilious vomiting occurred. The pulse was frequent and strong. The temperature oscillated between 39.7° and 40.8° C. (103.4° and 105.4° F.).

It was thought possible that the patient might be suffering from typhoid fever by reason of the temperature-curve. A diagnosis of aberrant typhoid, however, was rejected because of the absence of abdominal symptoms and the negative results of the serum-diagnosis. If one had instinctively thought of an endocranial complication of otitic origin the supposition was rendered improbable by the absence of pain on pressure over the mastoid or adjacent parts of the cranium, the absence of reaction in the jugular vein, the condition of mobility, sensibility, and reflexes. Under the influence of cold baths the temperature slowly descended from 41.2° to 37.8° C. (106.1° to 100° F.), from the 22d to the 26th of February, but remounted without cause and ranged between 38.8° and 40.1° C. (101.8° and 104.1° F.) until death, which occurred after a short period of coma in the night of the 1st to the 2d of March.

Autopsy. — The post-mortem examination was made on the 3d of March, thirty-six hours after death. The abdominal organs were normal. There was no hypertrophy of the spleen; no enlarged mesenteric glands; no ulceration of Peyer's patches. As regards the thoracic organs, there were found only hypostatic congestion of the bases of both lungs and limited subpleural emphysema.

I. Encephalon. — Upon opening the cranium an intense congestion of the veins of the dura mater was noticed; they were engorged with black blood. Well-defined lesions of meningitis existed at the base of the brain. The lesions were especially marked in the circle of Willis. In this situation was a mass of grayish-white material, which extended behind the protuberance and surrounded it like a horseshoe; the soft

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membranes were thickened and uplifted by a quantity of pus in which streptococci in pure culture were present. The lesions of meningitis spread along the anterior vessels like white streaks, less opaque than those first noticed, which were lost in the fissures of Sylvius and Rolando. They were absolutely symmetrical on each side of the middle line.

The pia mater was not easily detached. The dura preserved everywhere its normal aspect, both at the base and upon the convexity of the brain. The venous sinuses contained no clots. There was no intracerebral abscess. The ventricles contained little fluid.

II. Left Temporal Region.—The left ear was full of a greenish, liquid pus and tapestried by a fungous mucous membrane. The roof of the tympanum was very thin and presented no appreciable signs of osteitis. The mastoid process was small and of sclerous type, exhibited multiple alveoli around a small antrum, covered by an hyperæmic membrane and filled by a colloid exudate of rather a gelatinous than purulent appearance. The walls of the antrum were from two to four millimetres (0.07 to 0.15 inch) in thickness at different points. The lateral sinus was absolutely healthy. There was no trace of phlebitis.

III. Sphenoidal Sinus. — The origin of the meningitis being unexplainable in the absence of the lesions of osteitis of the temporal region, it was decided to open the sinuses of the face and skull, notwithstanding the apparent integrity of the bones at the base of the cranium. The roof of the sphenoidal sinus was so friable that it was easily broken. Its mucous membrane was of a wine-red, almost violaceous hue. The cavity of the sinus was single. It contained an upper layer of pus, which was rather thready than fluid and inclosed streptococci, and a lower layer of yellow-brown liquid, resembling semiliquefied gelatin. At the bottom of the sinus, in the middle line, was found the remains of a septum.

IV. Sinuses Communicating with the Nasal Fossæ.—The ethmoidal and frontal cells were healthy. There was no pus in the maxillary sinuses. The nasal fossæ were not examined, as the body was to be returned to the family.

To sum up: (1) there was diffuse meningitis at the base of the brain, limited to the soft membranes, the lesions being particularly developed on the roof of the sphenoidal sinus; (2) a suppurative bilateral sphenoidal sinusitis with destruction of the intersinusal septum; (3) a unilateral suppurative otitis media without osteitis of the mastoid; (4) absence of lesions of phlebitis in sinuses.

REMARKS.—1. *Etiology.*—The case illustrates the remote effects of certain grippal complications. Three months elapsed between the outbreak of the initial bronchitis and the end of the terminal meningitis. A second bronchitis occurred; an angina, a relapsing otitis with classical symptoms, a sphenoidal sinusitis almost without sign, were the various events of this infection. An association of microbes performed an important part. The streptococcus found in the lesions of the sinusitis and meningitis is a common pathogenic agent, for which the microbe of influenza served as "quartermaster," to use the picturesque expression of Ribbert.

2. *Pathological Anatomy.*—Before declaring that a meningitis is primary and not consecutive to some disease in the vicinity it is indispensable to examine post-mortem the sinuses of the face and skull (sphenoidal, frontal, ethmoidal, and maxillary sinuses). The ear must also be inspected, for in exceptional instances its lesions are misunderstood during life. We do not neglect to open the cavities of the sinuses when their walls, perforated by osteitis due to contact with foci of meningitis, permit us almost spontaneously to observe the condition of the sinus, nor when the ocular symptoms noticed during life draw attention to the cavernous sinus, the motor or sensory nerves of the eye. These parts, however, are neglected

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at the autopsy if no symptoms had referred to them during life. The statistics of Lichtwitz, based upon an imposing number of cases, prove that sinusitis is found fifteen times oftener upon the cadaver than in the living patient, and that two-thirds of the cases of sphenoidal sinusitis in particular are only recognized at the autopsy. On the contrary, it is known that disease of the cavities communicating with the nasal fossæ are frequent complications of infectious maladies (except tuberculosis) in which meningitis is of frequent occurrence. Typhoid fever (Zuccarini, Kuchenbecker), grippe (Wechselbaum), pneumonia (Wechselbaum, Netter), and erysipelas (Zuccarini, Vogern, Kern, Giesl, Wechselbaum) have been carefully studied from this point of view. The possible nasal origin of certain cases of epidemic or sporadic cerebro-spinal meningitis is admissible in accordance with the investigations of Strümpell, Weigert, Wechselbaum, and Dreyfuss.

Nevertheless, in the course of our bibliographical researches, which, it is true, may be incomplete, we have found, amid all the writings treating of meningitis consecutive to spontaneous lesions of nasal origin (Kaplan, Kuhnt, Dreyfuss, Rafin) but a single case: that of Huguenin (1882). This case concerned the frontal, and not the sphenoidal, sinus, and occurred in a young man who was carried off in four days by a diffuse meningitis with predominance of lesions in the frontal region, and in whom both frontal sinuses were full of pus, separated from the brain by a perfectly-healthy bony wall and dura mater (autopsy by Professor Ziegler).

In the personal case, the history and autopsy of which have just been given, sphenoidal sinusitis could not be suspected before death. Anterior and posterior rhinoscopic examination, which was carefully made in the case, as it is in all patients under treatment for suppurative otitis, had yielded no information worthy of record. Furthermore, on account of a slight myopia complicated with staphyloma the patient had several times been examined, and a most minute exploration of the membranes of the fundus oculi had revealed nothing of importance.

3. *Pathogenesis.* — The affiliation of the different complications experienced by our patient seems easy to establish. From the naso-pharyngo-buccal cross-way the pathogenic agents spread and successively excited bronchitis, otitis, and sphenoidal sinusitis. The apparently spontaneous alternation of periods of attenuation and exaltation of bacterial virulence need create no surprise. The explanation of the origin of the meningitis is more difficult. We regard this last complication as consecutive to the sphenoidal sinusitis, and not as contemporaneous. If the last theory, expressed by Cornil and Babès, and Netter, was consistent in a case where the situation and extent of the meningeal foci were not in accordance with the sinusal lesion, it does not apply to our case, for the reason that in the autopsy the pathological changes decreased in extending from the mucous membrane of the sinus to the submeningeal spaces at the base of the brain and from these last to those of the convexity.

A second point, however, remains to be elucidated. This relates to the route followed by the infectious agent from the sinus to the subarachnoidal space. We need to seek the bond of union between the sinusitis and the leptomeningitis. The only three possible roads of transmission are the osseous, venous, and lymphatic.

Osteitis of the sphenoid is almost the rule in sinusitis complicated by meningitis. In the autopsies of most published cases perforation or periostitis is noted. Clinically we know, especially from the works of Berger, that optic neuritis may reveal the presence of osteitis of the walls of the canal which surrounds the sheath of the nerve with an envelope, often fragile and sometimes isolated with difficulty from the mucous membrane of the sinus. In our case osteitis evidently existed. The upper wall

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of the cavity could be broken by the slightest pressure, and the intersinusal septum was almost completely destroyed. In other situations it was impossible to perforate the walls of the sinus. Furthermore, the examination showed, what should be expected on logical grounds, that the osteitis could engender leptomeningitis only by the intermediary of pachymeningitis with or without extradural abscess, with or without perforation of the dura mater. These lesions were present in the most carefully studied previous cases, as that of Ortmann, in which the colonies of diplococci were followed from the mucous membrane of the sinus to the surface of the brain across all the intervening tissues. They were also observed in the cases of Scholz, Russel (intradural abscess), Thiroloix, and of Ortmann (extradural abscess).

They may, however, be absent. They were lacking, for instance, in the autopsy of the case here related. There is, consequently, a possible intermediary other than the bone between the disease of the sphenoidal sinus and that of the subarachnoidal space.

Infection by way of the veins is frequent. Phlebitis of the sinus, the cavernous sinus in particular, is one of the complications most frequently observed at the post-mortem. It was witnessed six times out of thirteen cases collected by Dreyfuss. Again, phlebitis can be recognized during life, especially when the ophthalmic vein is involved. It manifests itself in troubles of the eye or its deep membranes, revealed by ophthalmoscopical examination, or by deviations of the globe, exophthalmos, with or without œdema of the root of the nose and the internal angle of the eye, which are still more characteristic. Normal anatomy explains the frequency of such phlebitis. Between the sphenoidal sinus and the adjacent sinuses of the dura mater are multiple routes of communication. Gaps in the bones establishing a direct road between the mucous membrane of the sinus and the wall of the vein are anatomical rarities (Zuckerkandl). There are, however, numerous venous anastomoses. Some are by circuitous paths. Such is the communication between the pharyngeal plexus and the cavernous sinus through the pterygoïd plexus. Such likewise is the junction of an ophthalmo-meningeal vein (Lancial), proceeding along the fissure of Sylvius to the branches of the ophthalmic vein, which itself receives an ophthalmo-facial vein from the pituitary membrane. Other, and no doubt the most numerous, venous anastomoses are direct, as the veins of the diploë, which were implicated in several cases, and the minute vessels injected by Sieur and Jacob with colored collodion in preparing anatomical specimens.

But, although our patient exhibited, at the autopsy, a veritable natural injection of the veins of the sinus, which were engorged with blood, there was no phlebitis of the cavernous sinus. Phlebitis, therefore, is not enough to explain all the meningeal complications. It fails particularly when traces of the successive steps of infection are absent. In cases such as this, so difficult as regards pathogenesis, a final supposition is permissible, viz.: contamination by way of the lymphatics. In truth, proceeding by the process of elimination, we are led to this hypothesis. It is not in itself illogical. It has been formulated by Guillemain and Terson. Dreyfuss does not condemn it, although he does not consider it to be general. Lichtwitz speaks of "meningeal complications due to the propagation of pathogenic micro-organisms by the lymphatics or veins." In fact, cases such as that of Grünwald (1896), with purulent and softened foci in the posterior cornua of the cerebrum following maxillary and sphenoidal sinusitis with integrity of the dura mater, are only explicable by the supposition of transmission by way of the lymphatics.

Lymphatic sheaths, if not demonstrated in man, are at least admitted (Schwalbe, Key, Retzius) in several localities, and par-

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ticularly on the roof of the nasal fossæ. Why may they not exist in the pneumatic chambers annexed to the same fossæ?

4. *Diagnosis.*—Our case proves that sphenoidal sinusitis may not reveal itself by any characteristic sign. This, moreover, is a well-known fact. "Sphenoidal sinusitis is not rare; only the diagnosis is rare" (Lermoyez).

Fever, a variable and inconstant sign, simply signifies infection, without pointing to its seat and still less to its origin. The intense pain, spontaneously perceived, "at the middle of the head," radiating toward the orbit, occiput, or vertex, may be encountered in many febrile conditions and in meningitis independent of co-existent inflammation of the sinus.

From the local point of view the advent of a purulent secretion without obvious cause at the roof of the pharynx or in the nasal fossæ near the nares has not that absolute worth which the tendency is to accord to it, for pharyngitis may simulate sphenoiditis. Furthermore, this sign generally fails in acute cases, according to Schoeffer. "Nevertheless," writes that author, "I should equally insist upon the fact that in each acute case I have found pus at the opening of the sinus."

As a last resort, therefore, we are led to puncture, or, better still, to exploratory catheterism in order to certify the diagnosis, without waiting the occurrence of osseous or encephalic complications. But the paths for passage of the sound, as described in the classics of France and other countries, are by no means easy or reliable. A new process, that of our colleague and friend, Jacob, taking for guide the back of the nose and the vault of the nasal fossæ, an actual groove of regular surface, which a small sound can readily and without danger follow to the sphenoidal orifice and can enter with no possible error into the cavity of the sinus. When the orifice is obliterated it is only by the swollen mucous membrane. When the secretion is not sufficiently fluid to flow freely through the catheter, recourse must be had to aspiration or lavage. We were able to practice this manœuvre upon our patient post-mortem. On account of its simplicity, safety, and value this procedure should be utilized in all obscure cases where the presence of sphenoiditis is suspected. Lavage presents difficulties when there are openings in the bony walls, when they are perforated by osteitis, or thin, as the fluid may reach the meninges. Schech and Lichtwitz have spoken of temporary accidents, such as syncope, polyuria, glycosuria, and epileptiform attacks.

When the infection goes beyond the walls of the sinus or when the sinusitis is complicated with phlebitis, intracranial abscess, or meningitis, the recognition of the complication may remain for some time uncertain. Another possible error consists in mistaking the complication, which is secondary, for a primary affection. In such cases a complete and methodical autopsy is, perhaps, occasionally the sole means of arriving at the truth.

5. *Therapeutics.*—The treatment of complicated sphenoidal sinusitis is either prophylactic or curative. To a certain extent it is possible to counteract the activity of the germs of the naso-pharyngeal cavity if permanent antisepsis of that region is instituted in patients attacked by diseases which predispose to sinusitis, particularly grippe.

When inflammation of the sphenoidal sinus has been established, the condition is somewhat similar to that in purulent pleurisy. Early evacuation is as easy and simple as tardy disinfection is difficult and unreliable as to results. In the first case, the means assuring a free flow of pus, aided by irrigations, permit the rapid cure of a membrane which, as yet, has been but little altered. It is in this manner that spontaneous cure has occurred in a number of acute cases (Schoeffer) "by spontaneous evacuation of the pus through the normal openings, which are again patulous because the swelling of the neighboring soft parts has

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subsided." It is by catheterism, forced, if necessary; by irrigations with a 1 to 1000 sublimate solution, followed by insufflation of iodoform; and by a treatment with iodine to modify the mucous membrane and its secretions that Schoeffer has obtained his most satisfactory results.

On the other hand, procrastinating treatment, instituted when the walls (hard and soft) of the cavity have been transformed by the infection, becomes complicated and delicate as a manual operation, uncertain, and even sometimes dangerous as regards possible consequences. The multiplicity of operations proposed for chronic sphenoiditis is the proof of their unreliability (methods by the nasal route of Schoeffer, Heryng, Rolland, Grünwald, Hajek, Ruault, etc.); methods by the facial route of Ollier, Quénu, Daly; by the transmaxillary way of Goris, Jansen, and Luc; by the orbital way of Bergh, Knapp, etc. The treatment of complications is, so to say, nothing. Phlebitis of the cavernous sinus dependent upon sphenoiditis is inaccessible to intervention, just as is inflammation of the lateral sinus after mastoiditis. Foci of osteitis of the sphenoid bone cannot be attacked like those of the temporal. Finally, the meningitis remains, whatever be its origin and localization, beyond the present resources of surgery, for drainage of the cerebral or spinal meninges is far from having established its value.[1]

CASE OF CAPILLARY BRONCHITIS CURED BY THE PASSIVE INHALATION OF NASCENT CHLORIDE OF AMMONIA.

By Ephraim Cutter, M.D.,
NEW YORK.

A girl—8 years old; frail constitution; astigmatism; dressed in divided skirts,—*i.e.*, common overalls—was brought to my attention as a chronic case that had resisted professional treatment. The expert diagnosis of laryngeal irritation and inflammation was given by the mother, who said that all that I needed was to make a laryngoscopical exploration. At times the girl coughed with a hoarse raucous whoop, such as is heard in false croup and which years ago I found to be caused by a thickening, reddening, and infiltration of the "breath-bands," as I have named the "false vocal bands," because they come together and control the expiration of the breath in speech and song, as I can demonstrate at any time. The child was so irritable and nervous that I immediately did what it is well for all specialists to do, *i.e.*: look out for other local and systemic lesions. The chest showed percussion clean and normal, but on auscultation presented fine sibilant râles in great abundance, especially over the upper half of the front, both sides.

A somewhat extensive acquaintance with such cases had shown that they resist oral and outside treatment, so I suggested a topical treatment of the air-passages by the crystals of sal ammoniac, or NH_4Cl, applied with no effort of patient by inhaling them as one does tobacco-smoke in smoking apartments. The Germans have long used this treatment by *active* inhalation for *chronic* bronchitis by making the patient inhale the nascent chloride of ammonia through a bottle in which ammonia and HCl, or muriatic acid, were mixed. The writer was probably the first to use this method in *acute* cases and with success, as he has already published.

The wave-method, suggested by Mr. Hutchins, of H. M. Frazer & Co., Fifth Avenue and Twenty-ninth Street, New York City, as being the simplest, most effective, and least harmful mode of administering nascent NH_4Cl, was used as follows: Pour a teaspoonful of liquor ammonia on an old towel. Then pour a teaspoonful of fresh hydrochloric acid (the commercial is good enough) on another old towel. With one

[1] The translator has omitted a description of the details of Jacob's method of sounding the sphenoid and also the list of bibliographical references appended to the paper in the original.

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towel in one hand and the other towel in the other hand briskly *wave* them in a small closed room containing the patient. If the chemicals are good the air will be loaded with the snow-flake crystals of NH_4Cl, which, as aforesaid, will be passively inhaled by the animals in said room. This is an admirable method for newborn babes or adults who cannot swallow or are too weak to breathe through an inhaler.

This passive inhalation was faithfully carried out by the mother for about a month, ten minutes thrice a day, the patient improving all the while, when a physical exploration could not detect a râle.

At will she could produce a slight croupy cough, showing that the breath-bands had not become normal, but were better.

This is written under the impression that some physician may need the hint here given, and that "to him that knoweth to do good, and doeth it not, to him it is sin" (James 4, 17).

October 6, 1900.

Abstracts.

Primitive Gangrene of the Pharynx.

Apropos of two cases of gangrene, one limited and the other diffuse, of the retropharynx, Dr. Richardière has studied the principal symptoms of this disease. He has been able to collect only thirteen cases of the kind.

The symptoms observed are: fever in the beginning, general symptoms always grave, extreme fœtor of the breath, intense dysphagia, rejection of aliments through the nasal passages, and a submaxillary adenitis which never goes on to suppuration.

Locally the disease is circumscribed. In the first variety it remains limited to the tonsils, begins by an angina, and terminates in the partial or total destruction of both tonsils. In the second form the tonsils, the pillars, the soft palate, and uvula are totally destroyed by sphacelus. The disease is always very serious. Its pathogenesis is not understood, for bacteriological examination is far from being conclusive. There are found in the cultures staphylococci, streptococci tetragenes, and leptothrix, but no specific microbe.

The best treatment appears to consist in touching with the thermocautery portions of tissue adjacent to the eschars. By this means in certain cases the gangrenous process is limited and cicatrization produced.—Revue Hebdomadaire de Laryngologie, etc.

Typhoid Meningitis Preceding Typhoid Fever.

In the Section of Pædiatrics of the International Congress of Medicine Dr. Hagopoff, of Constantinople, reported the case of a 4-year-old girl, who, on the 8th of last March, was attacked by an acute pneumonia of the right side. Fourteen days after the fever had completely disappeared the temperature rose and the early symptoms of meningitis made their appearance. The speaker hesitated between the diagnosis of tuberculous meningitis and meningitis secondary to pneumonia. In view of the hereditary antecedents of the little patient and the entire absence of fever fifteen days after the attack of pneumonia he was rather inclined to the first supposition, although Dr. Netter has already presented cases of pneumonic meningitis during the apyretic period.

On the tenth day after the ascent of the temperature the symptoms of meningitis were ameliorated, notwithstanding the persistence of fever, and an abundance of rose-colored, lenticular spots made their appearance, justifying the diagnosis of typhoid fever. The disease ran its usual course, and on the twenty-first day the temperature had sunk to subnormal.

According to the clinical history of this case the occurrence of a primary typhoid meningitis must be admitted, and the prognosis appeared to the speaker, in general, benign.—Le Bulletin Médical.

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Amblyopia due to Intestinal Autointoxication in Peripheral Neuritis.

In the Ophthalmological Section of the Thirteenth International Congress of Medicine, M. Santos Fernandez, of Havana, stated that during the war in Cuba he had often observed cases of optic neuritis with amblyopia. In all these cases there was loss of central vision, dyschromatopsia, and nyctalopia. Upon ophthalmoscopical examination the fundus of the eye presented the aspect of alcoholic neuritis, although the patients denied the intemperate use of alcohol. The etiology is to be found in the conditions of life of the patients. They were poorly nourished, suffered from abundant and rebellious diarrhœa, excessive fatigue, and mental distress.—Le Bulletin Médical.

Amblyopia in the Last Stage of Cancer.

In the Ophthalmological Section of the Thirteenth International Congress of Medicine M. Rochon-Duvigneaud remarked that upon examining the eye no lesion could be found, but only slight anæmia of the vessels and the pupil.

At the autopsy there is no lesion of the eye, the nerve, or chiasm. The ganglionic cells are as numerous as in the normal state. There is no softening, no marked atheroma, or other alteration of the brain.

These cases are little known, but are more numerous than generally supposed. Their pathology seems obscure. Amaurosis is probably due to a more or less total anæmia of the nervous centre or the visual centre of the cortex.—Le Bulletin Médical.

Repeated Double Auricular Hæmorrhages.

In the Otological Section of the Thirteenth International Medical Congress, M. Grossard, of Paris, said that, although the fact of menstruation by the ear is sufficiently well known, yet he had found nothing analogous to the case which he reported. The patient was a woman, 63 years of age, who had not menstruated for ten years, but who suffered from a hæmorrhage from both ears in consequence of a lively dispute. The flow lasted four hours, and the woman stated that she lost about two tablespoonfuls of blood. From that time, and notwithstanding appropriate treatment, the right ear had continued to bleed at intervals of six days to a month. The otorrhagia was preceded by headache and vertigo, but the hearing was unaffected even while the blood flowed. There was no lesion of the drum. She had never had nervous manifestations and her menses had always been regular. She had never had hæmorrhoids or epistaxis; there was no atheroma and no disease of the liver. The speaker believed that the hæmorrhages were due to neuropathic disturbances.—Revue Hebdomadaire de Laryngologie, etc.

Gonorrhœal Psychopathy.

M. Cascella has related the case of a painter, 25 years of age, free from hereditary taint, but himself of an irritable disposition and changeable in his projects. Left by his family at liberty in Naples, he was not long in contracting a gonorrhœa. Some years later mental troubles developed, he grew more and more taciturn and dull, until he was brought by his family to the hospital in a state of complete bewilderment and apathy.

Upon examination at entrance a subacute gonorrhœa was found to be present. Not a word could be drawn from the man. He was placed under treatment at once, and it was with some surprise that the writer witnessed improvement of the mental condition as the discharge lessened. At the end of three months the man was cured of his discharge and mental disorders.

The coincidence was remarkable. Until this time the writer had scarcely permitted himself to conceive of a direct relationship between the urethritis and the psychopathy. However, five months later the man contracted another gonorrhœa. Mental derangement again occurred and the patient spent four months in the hospital. Nor was

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this all. It was only fifty-three days after leaving the hospital that he contracted gonorrhœa for the third time. He was again received into the institution, where he remained three months.

Two years later he returned with a fourth attack. Upon this occasion he was sequestered for six months. During the last two periods of mental derangement, instead of exhibiting mental confusion with stupor, he manifested an extreme mobility, a maniacal agitation, a chaotic delirium of thoughts and acts, reaching sometimes even to fury. Since that time, about three years ago, the man has not been seen, and it has therefore been inferred that he has remained well, for, had the contrary been the case, he would, without doubt, have entered the hospital, where the writer would have had another opportunity of witnessing the parallel evolution of the flow of pus and disturbance of intellect.

There can be no question but that this development upon four successive occasions of alienation coincident with gonorrhœa establishes clearly the relation of cause and effect between the two affections. This case is an excellent example of toxi-infectious insanity belonging to the class of gonorrhœal psychopathy of Venturi: a subdivision of the more comprehensive group of mental diseases due to suppurations of various kinds and which the same author designates as pyophrenia.—La Tribune Médicale.

Acquired Syphilis of the Ear.

Dr. Castex reports seven such cases. The disease may attack the external, middle, or internal ear.

1. Syphilis of the External Ear.—Chancre is rare. It has been reported but twelve times. Ulcero-crustaceous lesions, simulating impetiginous eczema, are found upon the external ear. Verrucous excrescences occur in the meatus as well as condylomata and very large mucous patches. Gummata are very rare, but deep-seated exostoses of slow and painless development have been witnessed.

2. Middle Ear.—A catarrh of the tube and tympanum is most common, the result of secondary ulcerations situated around the mouth of the tube. Perforating papules have been observed upon the membrana tympani. The mastoid process has been the seat of periostitis and ostitis.

3. Internal Ear.—It is in this portion that are most often seen grave manifestations of syphilis, which may evolve slowly or abruptly.

(*a*) *Slow Syphilitic Labyrinthitis.* — This is ordinarily a tertiary manifestation difficult to diagnosticate from sclerosis of the tympanum.

(*b*) *Acute Syphilitic Labyrinthitis.*—This may be of apoplectiform and fulgurant character. It is generally contemporaneous with secondary symptoms. It begins abruptly with nausea, vomiting, vertigo with falls, but without loss of consciousness. Deafness successively invades both ears, and becomes complete in a few days.

The differential diagnosis is between otitic sclerosis and nervous deafness. The former develops more slowly and does not produce such alarming symptoms. The beginning of nervous deafness is sudden, but buzzing is often absent. The prognosis is of the worst, for aggravating causes are not absent, such as alcoholism, scrofula, and malaria. Acquired is generally less grave than hereditary syphilis.

In the case of secondary lesions of the auditory meatus it is necessary to employ antiseptic injections and cauterizations with the nitrate of silver or tincture of iodine. In disease of the labyrinth intramuscular injections of calomel and iodide of potassium in large doses are indicated. According to Politzer, subcutaneous injections of pilocarpine are not without value.

To conclude:—

1. Acquired syphilis of the ear attacks men particularly, contrary to what occurs in hereditary disease.

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2. Antecedents have a marked influence upon its appearance.

3. It manifests itself at various times after the chancre, and, the earlier it appears, the graver it is.

4. Syphilis of the internal ear is especially serious, and its development may be slow or abrupt.

5. The diagnosis lies between arthritic otosclerosis and nervous deafness.

6. Prognosis is very doubtful. Some amelioration is possible if treatment is promptly adopted.

7. Mixed specific treatment should be seconded by subcutaneous injections of pilocarpine.—Revue Hebdomadaire de Laryngologie, etc.

Hereditary Syphilis.

At a meeting of the Academy of Medicine M. Fournier read a report of two cases communicated by M. Lemonnier, of Flers, Orne.

The first case was that of a girl, 8 years of age, who, being attacked by diabetes, was cured by antisyphilitic treatment. The gravity of diabetes in the child and its exceptional cure leads to a belief in the relationship of cause and effect of hereditary syphilis in this case.

The second was a case of hereditary syphilis in the second generation. Many such cases have been placed upon record, but many do not possess all the required guarantees of certitude. It is otherwise with the case of M. Lemonnier, the features of which impress conviction of its nature.—Le Bulletin Médical.

Neuropathic Hæmorrhage from the Genito-Urinary Organs.

At a meeting of the Academy of Medicine M. Lancereaux recalled the fact that at the Congress of Urology held at Paris in 1899 MM. Malherbe and Legueu made the statement that "all cases of hæmaturia are symptomatic, and are related either to a general toxic or infectious cause or to a local affection. There is no essential hæmaturia." With this *dictum* M. Lancereaux does not agree, and he cited in his own support numerous cases of hæmaturia independent of any disorder of the urinary apparatus and entirely subordinate to disturbance of the nervous regulation of that system. In these cases are seen, as an occasional cause, violent anger or a cold. In other instances there is suppression of the menses or hæmorrhoids.

The progress of neuropathic hæmaturia is essentially intermittent and sometimes periodical. The duration varies from some days to several weeks or even months. The termination is rarely fatal, but cure may be long deferred, notwithstanding the adoption of an appropriate treatment. The treatment depends upon the recognition of the pathogeny. It consists of opiates, astringents, hydrotherapy, and especially sulphate of quinine in doses of from 0.80 to 1.50 grammes (about 12 1/2 to 23 grains).—Le Bulletin Médical.

Tetany of Grippal Origin.

Cases of tetany consecutive to infectious disease are rather numerous, but only four dependent upon grippe have been reported. A case recently published by M. Gomez presents, in addition to its rarity, the peculiarity that it took place during the course of influenza, and not during convalescence, as had occurred in the other known cases.

The patient was a boy, 7 years of age, who was attacked by grippe after all the other members of the family had suffered from that disease. He had fever, coryza, pain in the abdominal muscles, and upon the next day it became general, particularly severe in the lower limbs, the muscles of which commenced to contract and reveal their outline beneath the integument.

When the patient was brought to the hospital, five days later, the temperature stood at 38° C. (100.4° F.). Examination of the thoracic and abdominal viscera was prevented by the contractures. There were no

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symptoms suggestive of important lesions of those organs. The contractures were the predominant features of the scene. The muscles of the thorax, back, abdomen, and lower limbs were strongly contracted and projected beneath the skin. Those of the upper extremities were less affected, but, if an attempt was made to extend the arms, the contracture was exaggerated and the member remained rigid. The back of the neck was stiff.

There was slight contracture of the muscles of the face. The left labial commissure was a little drawn upward, giving the sardonic expression. There was some trismus, so that the patient could ingest only liquids, and those but slowly. In percussing about the external angle of the orbit sharp contraction of the muscles of the face was observed (sign of Weiss, or the facial sign).

The tendon-reflexes were exaggerated. There was no clonus. Hyperexcitability to galvanic and faradic currents (Erb's sign) was present. The patient was absolutely incapable of raising himself; the contractured muscles gave him severe pain. The diagnosis of grippal tetany was made. Chloral, intestinal antisepsis, and warm baths were first tried for five days, but were absolutely without result. A methodical treatment by lavage of the blood was then instituted. The little patient received every day 200 or 300 grammes (about 6 to 9 ounces) of physiological solution under the skin; at the same time alkaline drinks and saline enemata were given. The liquid diet was continued. The institution of this treatment was soon followed by amelioration, and by the end of a month the patient had recovered.

The case is of interest. It shows that, among the varieties of the nervous form of grippe, a tetany, or pseudotetanus, may be included, having for its principal symptoms fever, intense muscular pain, and permanent contractures. The muscles first involved may be those of the lower limbs.—La Tribune Médicale.

Therapeutic Notes.

A Powder for Gastric Acidity.

As the result of much experience, Professor Pel, of Amsterdam, recommends this formula:—

℞ Sodium bicarbonate, 2 1/2 drachms.
Calcined magnesia, 2 drachms.
Sodium bromide, 2 1/2 drachms.
Bismuth carbonate, 1 1/4 drachms.
Sugar of milk, 2 1/2 drachms.
Oil of fennel, 4 drops.

M. From half a teaspoonful to a teaspoonful to be taken an hour or two after eating, and a special dose in case of pain.—New York Medical Journal.

Æsculus Hippocastanum for Hæmorrhoids.

℞ Fluid extract of æsculus hippocastanum, 1 ounce.
Chloroform, 1 drachm.

M. Morning and evening at meal-times, 10 to 15 drops of this mixture are to be taken in a glass of wine or a little sweetened water; or this:—

℞ Fluid extract of æsculus hippocastanum, 6 drachms.
Fluid extract of hamamelis, 2 1/2 drachms.
Oil of peppermint, 2 drops.

M. Morning and evening at meal-times 15 drops of this mixture may be taken in wine or sweetened water.—New York Medical Journal.

Persimmon for Stubborn Vomiting.

Dr. K. Shimizu, of Kai, Japan, writes that good ripe *Kaki* (persimmon) is a valuable remedy for stubborn pregnant vomiting and diarrhœa. It is used internally.—New York Medical Journal.

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Purgation with Opium.

Dr. J. W. Wainwright reports the case of a child, 5 years of age, who ate about two ounces of cheese, which, it was believed, had lodged at the ileo-cæcal valve. His bowels not acting for five days, operation was decided upon; but, upon the advice of a surgeon called in consultation, 2 drops of the tinctura opii were given on the tongue every half-hour for two hours. Upon recovery from the effects of the drug, the child had a free stool, passing a knuckle-shaped mass, which proved to be the cheese. The cathartic action of the opium was due to the complete muscular relaxation, extending even to the muscular coat of the intestines.—New York Medical Journal.

Erysipelas.

℞ Acidi carbolici,
Tinct. iodin.,
Spiriti rect., of each, ʒiij.
Ol. turpentini, 3x.
Glycerini, ʒiij.

M. The site of the disease is to be painted with this mixture every two hours, and then covered with antiseptic gauze.—Journal of the American Medical Association.

Headache.

HEADACHE OF ATONIC DYSPEPSIA WITH LITTLE FLATULENCY.

℞ Sodii arsenatis, gr. j.
Quininæ sulphatis,
Ferri sulphatis, of each, gr. xl.
Pulveris rhei,
Pulveris zingiberis, of each, gr. xx.

M. et ft. capsulæ No. xx.
Sig.: One capsule after each meal.

HEADACHE ASSOCIATED WITH FLATULENCY.

℞ Sodii bicarbonatis,
Bismuthi subgallati,
Pulveris acaciæ, of each, 3j.
Aquæ menthæ pip., 3ij.
Aquæ destil., q. s. ad ʒviij.

M. Sig.: Shake. Two teaspoonfuls before each meal.

RHEUMATIC HEADACHE.

℞ Potassii iodidi,
Sodii salicylatis, of each, 3ij.
Vini pepsini, q. s. ad ʒiij.

M. Sig.: One teaspoonful three times a day after meals.

℞ Ext. colchici, gr. v.
Ext. digitalis, gr. iv.
Quininæ valerianatis, gr. xxiv.

M. et ft. capsulæ No. xv.
Sig.: One capsule four times a day.

GOUTY HEADACHE.

℞ Sodii iodidi,
Vini colchici, of each, 3iij.
Ext. cimicifugæ fluidi,
Tinct. guaiaci ammoniatæ,
Ext. cocæ fluidi, of each, 3vj.

M. Sig.: One teaspoonful after each meal, in water.—Journal of the American Medical Association.

Creasotal in Severe Scrofulous Affections and Ozæna.

Dr. G. Mazzarotto, of Rome, has obtained excellent curative effects with creasotal in all forms of tuberculosis. These experiences led him to employ creasotal in scrofulosis and affections of the lymphatic glands. Based upon the records of twenty cases he describes unexpectedly good results, such as he had never seen from other treatment. None of the patients had nausea or irritative symptoms of any kind; and there were some among them whose digestion was in extremely bad condition. Every fifteenth or twentieth day the treatment was interrupted for a few days. He administered the creasotal in syrup or codliver-oil, beginning with 3 drops three times daily, and increasing the daily dose by 3 drops every three days until 24 or 30 drops were taken three times daily. The histories of the author's twenty cases are fully detailed. In this series were included cases of ozæna in scrofulosis, tubercular ulceration of the skin, chronic bronchitis, fungous periostitis, ad-

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enitis with multiple suppurative foci. Almost all the cases of ozæna had complete anosmia, with marked hypochondriasis and mental depression.—Abstract from the Corriere Sanitario of Milan.

Insomnia.

We select a few prescriptions from a long list published by the Journal of the American Medical Association:—

INSOMNIA OF ASTHMA.

℞ Tinct. lobeliæ, ʒiv.
Morphinæ sulphatis, gr. 1/8.
Elixiris simplicis, q. s. ad ℥ij.

M. Sig.: One teaspoonful at night or during the attack, and repeat in two hours if necessary.

INSOMNIA DUE TO GASTRO-INTESTINAL DISTURBANCE.

℞ Sodii carbonatis, ʒiss.
Spiritus ammoniæ arom., ʒv.
Ammonii bromidi, ʒiss.
Tinct. cardamomi comp., ℥j.
Aquæ menthæ pip., q. s. ad ℥iv.

M. Sig.: One dessertspoonful at bed-time, and repeat in one hour if necessary.

INSOMNIA DURING CLIMACTERIC.

℞ Ammonii bromidi, ʒiij.
Tinct. humuli, ʒvj.
Aquæ camphoræ, q. s. ad ℥iij.

M. Sig.: One dessertspoonful in water at bed-time.

Bradbury recommends the above combination. He states that it is of use in relieving the insomnia as well as the mental depression and flushing heats so common at this period.

Styes.

The following prescriptions are given by Ohlemann in Ocular Therapeutics:—

℞ Hydrargyri chloridi corrosivi, gr. 3/20.
Vaselini, ʒvii gr. xlij.

M. et ft. unguentum.

Sig.: Ointment for eyelids.

℞ Sulphur. sublimati, gr. xlvj.
Ammonii chloridi, gr. xv.
Aquæ rosæ, f℥if℥v.
Spiritus camphoræ, f℥iss.

M. et ft. collyrium.

Sig.: For local use on eyelids.

℞ Hydrargyri oxidi flavi, gr. iss.
Lanolin, ℥i 1/2.
Glycerini, q. s.

M. et ft. unguentum.

Sig.: Eye ointment.—Medical Fortnightly.

Hysteria.

Dr. R. S. Carroll, of Calvert, Tex., in the Medical Mirror, commends the following combination:—

℞ Ext. cascaræ sagradæ fl., ℥j.
Ext. apii graveolensis fl., ℥ii-iij.
Tr. nucis vomicæ, ʒvj.
Tr. asafœtidæ, ad ℥viij.

Direction: One-half to one teaspoonful in a little water before each meal.

Incontinence of Urine.

℞ Sodii benzoatis,
Sodii salicylatis, of each, gr. xx.
Fl. ext. belladonnæ, gtt. ij.
Aquæ cinnamomi, ℥iv.

M. Sig.: A teaspoonful four or five times daily.—Medical Times and Hospital Gazette.

Smoker's Gingivitis.

℞ Salol, 1.
Tinct. catechu, 4.
Spir. menth. pip., ad 120.

M. et ft. lotio.

Sig.: Teaspoonful in half a glass of tepid water as mouth-wash.—Medical Record.

Plasmon.

Concerning this important nutrient preparation we lay before our readers an ab-

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stract from the Analytical Records from the Lancet Laboratory. In this report it is stated that plasmon "is a tasteless, odorless, white powder which is entirely soluble in water, though the solution exhibits a slight opalescence similar to that of milk. The dry powder swells up in water to a gelatinous mass, which dissolves as more water is added. On boiling the solution a 'skin' continually forms at the top of the liquid in the same manner as in fresh milk. The important dietetic salts of milk are retained in the preparation. Plasmon is practically the casein of milk thus separated and afterward dried in a stream of the same gas (carbonic acid) which separates the proteid from milk-serum. Our analysis of plasmon gave the following results: Moisture, 10.76 per cent.; mineral matter, 7.24 per cent.; milk-fat, 0.70 per cent.; proteids, 81.30 per cent. Excluding the moisture, these results mean that dry plasmon contains over 90 per cent. of pure proteid. That this proteid thus separated retains its powerful nourishing qualities is evident from the interesting experiments made by Professor Virchow. He concludes that the albumin in plasmon is in its original unaltered condition, and therefore plasmon can replace all other albumin foods. He finds, further, that it is extremely digestible, and in some interesting experiments made upon himself in which the diet consisted almost entirely of plasmon the results were highly satisfactory. Plasmon has accordingly been found of great value as a nutrient in enfeebled conditions of the digestive organs and to be an excellent means of administering food to the sick. It is valuable as a prelude to solid food for patients convalescing after disease or after surgical operation. Plasmon may be employed with the greatest advantage for enriching foods or for raising their actual flesh-forming value to a high and trustworthy degree."

Mercurol in Urethritis.

Dr. Ramón Guitèras, of New York, in the Lancet states that he has thoroughly tried mercurol. He finally concluded that the average strength best borne by the patient is 10 grains to the ounce, or approximately 2 per cent. After having reached this conclusion he had the histories of 100 cases recorded, in 33 of which an examination for the gonococcus was made, revealing its presence in 30 cases. In the remaining 67 cases a clinical diagnosis was depended upon. In these cases a 2-per-cent. solution of mercurol was ordered, which the patients were directed to inject three times a day, after micturition; the injection to be held within the urethra for five minutes at each operation. The clinical reports of the cases show that frequently in two days after beginning the use of mercurol gonococci could no longer be found in the discharge.

He eliminates all but 65 cases from his report, and tabulates these as follows:—

Ten cases were cured in four weeks, or 15 per cent.; 15 cases were cured in six weeks, or 23 per cent.; 20 cases, or 30 per cent., were practically cured, as there was no discharge, though there were some shreds in the urine at the end of from four to eight weeks.

One of the most valuable observations that the writer made is the fact that only two cases suffered from complications, one having developed gonorrhœal rheumatism and the other epididymitis. Another interesting feature is that in only 1 of the 100 cases was there any marked posterior urethritis. Therefore it would seem that mercurol quickly destroys the gonococcus, lessens the severity of the inflammation, and tends to prevent the development of complications.

Dysmenorrhœa.

The Medical Record attributes to Lyon the following formula:—

℞ Asafœtidæ, gr. ij.
Ext. valerian, gr. j.
Ext. cannabis Ind., gr. $^1/_4$.
M. For one pill.
Sig.: One three times a day.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
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THE RELATIONS BETWEEN AFFECTIONS OF THE EYE AND OF THE TEETH.

A VERY interesting and also important field of inquiry is that concerning the relationships of different organs in regard to disease processes. In this branch of work we are much indebted to the specialists. The broader conception—which alone is the true one—of the scope of specialism is ever on the alert to recognize the hidden ties between diseases of the system at large and disorders of special organs or between certain organs and others which may be closely connected anatomically and physiologically or may even apparently have little in common.

One of the latest essays upon such a subject which we have had the good fortune to meet is published in an excellent French periodical devoted to diseases of the eye. The paper is from the pen of Dr. F. Despagnet.[1]

A vague popular recognition of some relationship between the eyes and the teeth is indicated by the appellation "eye-teeth." Until lately, however, little had been done by medical authors to trace the bonds between these different, though neighboring, organs, which, moreover, differ so widely in functional importance. Travers, in 1821, was one of the first to appreciate the fact of such interdependence when he referred to the possibility of strabismus being caused by the irritation of difficult dentition. It was only after Magendie's memorable experiments upon the trigeminal nerve that we were placed in a position to perceive the physiological explanation of such facts. Since that epoch the isolated observations have multiplied. Nevertheless, the subject seems to have been comparatively neglected almost to our own times. In 1873 M. Galezowski, in his lectures and writings, clearly indicated the existence of oculo-dental lesions. The pupils of this distinguished authority, including M. Despagnet, have brought forward cases to confirm the opinion of their teacher. The latter instances particularly the work of Capdepont on "Empyema of the Maxillary Sinus" and of Courtaix on "The Pathological Relations between the Eye and the Teeth."

In fact, the anatomical connections of these parts are close. The periosteum of the orbit is continuous with the external periosteum of the maxillæ and with the alveolo-dental membrane, or periosteum. The alveoli are almost exactly continuous with the maxillary sinus, the wall of which is always very thin and sometimes even incomplete. The mucous membrane of the sinus is a prolongation of the pituitary mucous membrane, and, communicates with the nasal fossæ through two orifices, one, which is often absent, opening into the middle meatus and the other situated in the infundibulum and constituting the true orifice of the sinus. The upper wall of the sinus forms the floor of the orbit and is extremely thin. Consequently, inflammation of the periosteum of the jaws, alveoli, and maxillary sinus may readily extend to the lining of the orbit and conversely; furthermore, certain points, as the roof of the sinus, are too feeble to resist the extension of a morbid process. The continuity of the mucous membrane suggests the fact that most of the alterations of the sinus manifest themselves in the beginning by symptoms emanating from the lacrymal passages.

The venous system of the teeth and the

[1] "Rapports des Affections Oculaires et Dentaires." Recueil d'Ophtalmologie, Juillet, 1900.

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eyes is so arranged as to be highly favorable to the transmission of infection from the former to the latter organs, and even to the brain.

The nervous relationships are still more intimate. Both are animated by the same fifth nerve, which divides into three chief branches. The ophthalmic again subdivides into three main stems, and ministers to the common sensibility of the eye. Through the ophthalmic ganglion the great sympathetic contributes to the abundant innervation of these parts. These anatomical arrangements go far toward explaining alterations in the sensibility of the eyes and their consequences, all the reflex functional troubles, extending even to blindness, produced by dental lesions. Anatomical or functional changes may be induced in all the parts of the eye. At the period of dentition we may perceive lacrymation, conjunctivitis, phlyctenulæ, and small corneal ulcers or abscesses.

Excitation of the sympathetic originating in the teeth generally causes accommodative asthenopia. Our author also regards it as one of the common causes of an affection which, under all other circumstances, affords a very gloomy prognosis, viz.: mydriasis with paralysis of accommodation. In the presence of this symptom we are apt to think first of an early manifestation of encephalic change. Nevertheless, our author is of the opinion that in most instances we need not look so far or so high and that the teeth alone are capable of exciting the condition. When the dental irritation, of whatsoever nature it be, ceases, the mydriasis disappears and accommodation is re-established. The ophthalmic nerve contains fibres which anastomose with the optic, and hence its excitation may give rise to deviation of the eyes; that is, to strabismus. Dental caries may prove the starting-point of the whole train of infectious accidents. Abscesses of the orbit of dental origin and due to direct propagation are by no means rare. Such a collection may, in its turn, be the source of total or partial necrosis of the cornea or atrophy of the optic nerve, with blindness from direct compression. The functional disturbances of vision are mostly dependent upon the effect upon sensibility produced by irritation of the fifth nerve, and are generally of a reflex character. They range from a slight degree of amblyopia to absolute amaurosis. They may be caused by simple gingivitis, periostitis, dental caries, or extraction.

The author whom we follow next proceeds to cite a clinical illustration of the relationships of which he had written. A woman, 32 years of age, had always enjoyed good general health and had never been troubled by her eyes, but had been subject to toothache and dental neuralgia. In one such attack of periodical pain in the left temporal and orbital region the vision of the left eye began to fail, and after little more than a week she was even unable to distinguish light from darkness. There was left amblyopia without ocular lesions. There was no hysterical element present, but the teeth of both jaws were in bad condition, neglected, carious, and covered with tartar. After full attention had been given by the dentist to whom she was referred the patient was agreeably astonished by the absence of pain, and at the end of about a week she began to perceive light. From this epoch vision improved rapidly until she could see with the left nearly as well as with the right eye. In little more than a month sight was completely restored.

In explanation of such cases of reflex blindness Dr. Despagnet adheres to the vasomotor theory of Brown-Séquard. The nervous excitation produces vasoconstriction, with anæmia.

All lesions of the teeth and upper jaw may affect the eyes, and, as a rule, symmetrically. In some cases the dental trouble involves the eye of the opposite side. The teeth of the lower jaw have less influence than those of the upper in this direction. All the membranes of the eye and of the orbit may, in

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consequence of a dental lesion, be involved in the form of infection, inflammation, nervous or vascular disturbance.

That the state of the eyes may have an effect upon the teeth our author has no doubt, but the opportunities for studying this reverse relationship are not so fruitful. Without, however, dwelling upon the dental neuralgia which is the rule in iritis and glaucoma there are affections of the sinus and the teeth consecutive to cystic or pericystic suppurations, not to mention those which occur in the suite of panophthalmia or phlegmon of the orbit. Dr. Despagnet's paper was read before the Stomatological Society of Paris.

As we go to press we have also met with an excellent review of the same subject by Dr. N. J. Weill, of Pittsburgh, Pa., read before the Odontological Society of Western Pennsylvania and published in the Pennsylvania Medical Journal for September, 1900.

PERSULPHATE OF SODIUM IN TUBERCULOSIS.

THE medical mind is constantly on the alert for new remedies, procedures, or methods in the treatment of that scourge of civilized mankind, pulmonary tuberculosis. Among substances recently introduced the persulphate of sodium merits special mention, and is the subject of an article contributed by M. J. Garel, of Lyons, to Le Bulletin Médical for August 22, 1900. This salt, when chemically pure, appears to exercise a remarkable influence upon the appetite and digestive functions. It is a highly-oxidizing body, much more so, it is said, than the salts of arsenic and vanadium. It is also much less toxic.

The persulphate of sodium was made the object of special study in Germany during the year 1899. We owe to Richard Friedländer an experimental study undertaken with the view of demonstrating *in vitro* the antiseptic power of this substance over different micro-organisms. This writer studied the effects of the salt upon guinea-pigs and frogs. He proved the antiseptic value of solutions of the persulphate as gargles in angina. The same solutions have likewise been used in the dressing of wounds, furuncles, abscesses, etc.

Joseph Nicolas, of Lyons, has also made a very complete investigation of the toxicity of the persulphate of sodium, or persodine. He administered the salt by the intravenous route, subcutaneously, and by the mouth. By these investigations it was shown that the substance is of very feeble toxicity, and should take rank in therapeutics by the side of the already-known oxidizing agents. He also observed its influence upon artificial digestion. It has but a slight inhibitory effect in small doses upon artificial digestion of different classes of aliments. In larger quantities the effect is more marked. Nicolas furthermore studied the influence of this substance upon nutrition and finally made therapeutical investigations upon the human subject. Given by the mouth it had a very favorable effect upon the nutrition of guinea-pigs, which increased in weight. Rabbits and dogs likewise grew heavier under its administration.

Nicolas witnessed excellent results from the therapeutic employment of the persulphate of sodium in man. He administered it to sixteen patients in the daily dose of 0.15 to 0.30 gramme (from about 2 1/4 to 4 1/2 grains).

Some of the patients were convalescents from acute diseases, but most were the subjects of surgical or medical tuberculosis. In all the persodine seemed to increase the appetite, facilitate digestion, and augment quickly and decidedly the body-weight.

Nicolas does not venture, from such a small number of cases, to draw precise conclusions as to the value of the drug. He believes, nevertheless, that in the small doses mentioned the persulphate has a very favorable influence upon the nutrition of invalids.

A knowledge of the encouraging results which had been observed inspired M. Garel

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with the desire to conduct some experiments in his own service, which is largely composed of tuberculous patients.

We know, indeed, that air and alimentation play the principal part in the treatment of tuberculosis. It is not in our hospitals that patients can enjoy the benefits of pure air. Although a plentiful diet may be supplied by the hospital, yet the consumptives are not favorably situated for deriving the fullest advantage from their food. We are obliged, therefore, to seek some means of overcoming the disgust for food which such patients often experience. Arsenic, cacodylate of sodium, vanadium, and other new substances have been made use of for this purpose. To this list of new articles must now be added the persulphate of sodium. The experience of M. Garel in public and private practice leads him to pronounce this a medicament of the first rank. In order to act in an efficacious and regular manner it should be chemically pure. Its action depends upon certain indispensable conditions in its mode of administration. It should always be taken fasting and about an hour and a half before a meal. It is taken simply in a quarter of a glass of pure water and in the dose of 20 centigrammes (about 3 grains) for an adult. A single dose is sufficient for twenty-four hours. The solution has no unpleasant taste, and all the patients took it without any objection. On the first day of its administration the patient experiences no particular symptom. Occasionally there has been, during the first twenty-four hours, a slight diarrhœa, which subsides spontaneously and rapidly. This is exceptional according to the observation of our author.

From the second or third day the patient feels an imperious desire for food. Assimilation is more perfectly performed. Digestion is accomplished with facility according to the testimony of all who have taken the drug. Those who had suffered much from retarded and painful digestion express themselves as being entirely free from discomfort after a meal. In the majority of cases this improvement of the appetite continues for a long time, strength increases, and the patient, satisfied with his progress, gains hope. The persulphate, however, should not be given for an indefinite period. It is well to suspend the remedy at the end of the third or fourth week. It can be resumed if the appetite again fails.

Dr. Garel by no means considers this remedy as a panacea, equally adapted to all cases. There are cases in which its administration is followed by no appreciable result. It is not usually beneficial in advanced cases of tuberculosis, although there are exceptions to this general rule. Our author cites several instances of advanced and complicated pulmonary disease in which an appetite was awakened by the use of this salt.

In the early stages of consumption this remedy generally had an admirable effect in invigorating the digestive functions and stimulating the appetite. The result of the foregoing and other experiments justify the conclusion that in the persulphate of sodium we have gained a valuable remedy, not only in tuberculosis, but also in other maladies productive of digestive failure and malassimilation.

Correspondence.

A CASE OF BRONCHITIS MEMBRANOSA.

Editor of The Medical Bulletin:

Dear Sir: In the September issue of THE MEDICAL BULLETIN I had the pleasure of reading the "Original Communication" of Dr. Joncheray, of Angers, France, concerning membranous bronchitis. I have under my treatment an Italian miner named Torricalli, whom I treated last year for pleuritis acuta diffusa, and although he recovered sufficiently to be able to dig coal, a bloody sputum and a mattery expectoration

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have never left him. He has increased in weight, his face and neck are red. The appetite is very good, he feels strong, but nevertheless the sanguinolent expectoration persists. The other day he called at my office for relief. He complained of a choking sensation in the throat, and was anxious in regard to the dyspnœa, and, as he is a subject of *Tænia solium*, he imagined that his dyspnœa was due to the presence of a tænia in his throat. I made a careful examination of his chest, only to find a few sibilant râles on the left side and a few scattered moist râles on the right side. About two and one-half inches from the sternum, at the fourth intercostal space, where he claimed he felt a soreness, no vesicular breathing could be elicited. On percussion I found dullness, and I supposed that either there was a collection of dried-up expectoration or consolidation was taking place. At any rate I gave him a mixture of ammonium carbonate, ammonium muriate, syrup of senega, and ipecac, and instructed him to take a teaspoonful of the medicine every two hours till emesis would occur, then only three times a day. He went away, and after a week he returned with a bottle of whisky in which shreds of flesh could be seen. He told me that he came very near suffocating, and after a strong paroxysm of cough, which brought about vomiting, he expelled about one and one-half ounces of membranes, which I still preserve in the original bottle. I have no microscope, but the pieces, being as large as my little finger, and his symptoms point clearly to his having a membranous bronchitis. This case is remarkable for the fact that he has only now, for the first time since he became sick a year ago, expectorated such a substance. He also added that on the way to my office he expelled a lot more. The case is also remarkable from the fact that he has always been spitting blood and mattery material. I am,

Very truly yours,

JOSEPH DE STEFANO, M.D.

Coal City, Ill.

Medical News and Miscellany.

Glacial Phenomena in North America.—In an article on "Recent Progress in Geology," by Professor Lawson, of the University of California, in The International Monthly, he says:—

"A close study of glacial phenomena has been one of the characteristic features of geological research of the past decade, and important results of a general kind have been reached. The explorations of the officers of the Canadian Geological Survey in the far north, notably the work of Dawson, Tyrrell, McConnell, and Low, have given us very valuable information for regions where field observations are of prime importance for any general theory of the distribution and movement of the ice of the glacial epoch. As a result of these explorations it seems now well settled that the old idea of a polar ice-cap and even its successor, the single continental ice-sheet, must give way to the conception of several centres of dispersion, of which the Greenland ice-sheet of the present time is a type and living illustration. The absence of glacial phenomena in northern Alaska, the occurrence of glacial drift from the south at the mouth of the Mackenzie River, of drift from the west on the west side of Hudson Bay, and from the east on the east side, the non-glaciation of a long belt to the east of the Canadian Rockies, these and other facts of a similar order have led the Canadian geologists to a recognition of at least three distinct centres of dispersion of the ice of glacial time. They are named the Cordilleran, the Keewatin, and the Labradorian glaciers, the names indicating the regions from which the ice flowed in all directions. Not only were these three great glaciers distinct from one another geographically, but, according to Tyrrell, they were not strictly synchronous. This energetic explorer and writer cites evidence to show that the more westerly, or Cordilleran, glacier had greatly shrunken

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and perhaps had almost disappeared before the Keewatin glacier had attained its maximum development, and that the latter was, in turn, on its decline at the time of the maximum extension of the Labradorian glacier. It cannot as yet, however, be claimed that the succession of these great glaciers in time is sufficiently well established to merit unqualified acceptance, and it will require an extended and severely critical study of the regions of confluence of these great ice-sheets to properly test Tyrrell's hypothesis."

Banana-flour.—The Pharmaceutical Journal, quoting from the Revue des Cultures Coloniales, says that the banana, which grows in almost all tropical countries, is very nutritive, and forms a nearly perfect food. It contains more than 25 per cent. of assimilable organic matter. According to Humboldt, it is forty-eight times more nutritious than the potato, while Crichton Campbell has stated that the banana is twenty-five times more nutritious than the best wheaten bread. The analysis of Thoms shows the presence in the flour of the banana of 9.01 per cent. of nitrogenous matter. The best wheaten flour contains no more than 9 to 11 per cent. It is preferable to manufacture the starch from unripe fruits, because the starch is converted into sugar in ripening. In Venezuela the flour of the banana is given especially to children; it is equally good for aged people, convalescents, nursing women, and is of great service in the feeding of those suffering from complaints of the stomach. In Central America, Colombia, and Venezuela the banana-flour is prepared on a large scale, and sold under the name of *musarina*. The flour of the banana may be used in the same way as wheaten flour, except for the preparation of bread, for which it is unsuitable, inasmuch as it contains no gluten. Various formulæ are given in the *Tropenpflanzer* for preparing banana-flour for dietetic use. Thus, a teaspoonful of the flour in a cup of chocolate or cocoa facilitates the digestion of these drinks, and renders them more nutritious. This addition enables cocoa to be taken by those whose stomachs are in a weak state. A sustaining drink may be made by adding a teaspoonful of the flour to an egg-yelk beaten up, mixed with milk, and sweetened with sugar.—Dietetic and Hygienic Gazette.

Psychoses Accompanying Chorea.—Krafft-Ebing divides the mental disturbances sometimes attending Sydenham's chorea as follows: 1. Elementary psychical disturbances. These are seldom wholly absent, and may be ascribed, in part, to the general neuropathy and the psychically-irritating effect of the choreic movements and, in part, to direct stimulation of the diseased cortex. They comprise variability of temper, nightmares, evanescent visual hallucinations, etc. 2. Fleeting fever, delirium of light grade. 3. Symptoms of psychical fatigue evidenced by forgetfulness, impaired cerebration, lack of concentration, apathy, incoherence, deficient food-absorption, fever, etc. 4. Psychoses in the stricter sense, originating from the same infectious source as the chorea, and presenting simple or hallucinatory confusion going on to stupor or dementia. 5. Complicating psychoses due to the same mental condition as the chorea or arising independently.

Removals.—Dr. Jay F. Schamberg announces the removal of his office to 1636 Walnut Street, Philadelphia.

Dr. G. Oram Ring has removed his offices to the southwest corner of Nineteenth and Chestnut Streets, Philadelphia.

Dr. William J. Taylor has removed to 1825 Pine Street, Philadelphia.

Dr. Charles Warrenne Allen announces his removal to No. 30 East Thirty-third Street, New York City.

International Congress of the Medical Press.—At the recent meeting in Paris the following officers were elected: President, Professor Cornil; vice-presidents, M. Richet and M. Lucas-Championnière; secretary-general, Dr. Blondel, and treasurer, Dr. Cezilly. The following honorary officers were also

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elected: Honorary presidents, Drs. Virchow, of Berlin; Posner, of Berlin; Fraenkel, of Vienna; Spatz, of Munich; Love, of St. Louis; Mathews, of Louisville; Jonnesco, of Bucharest; Jolin, of Stockholm; Hansson, of Christiania; Valledor, of Madrid; Baccelli, of Rome; Bossi, of Genoa; Ceccherelli, of Parma; Gallet, of Brussels; Podwyssowtski, of Kiev; Ehlers, of Copenhagen; Tigerstedt, of Stockholm, and Sprigg, of London. Honorary vice-presidents: Drs. Landouzy, Bourneville, and De Maurans, of Paris. The following secretaries were also elected: English, Drs. Smith and Fassett; Italian, Drs. André Ceccherelli and Laudi; French, Drs. Romme and Regnier; German, Drs. Pick and Shober.

Lehigh Valley Medical Association.—The Lehigh Valley Medical Association held a meeting at the Neversink Mountain Hotel, Reading, Pa. In addition to the presidential address by the retiring president, Dr. Israel Cleaver, papers were read by Dr. John Milton Duff, of Philadelphia, on "Modern Obstetrics," and by Dr. P. A. Harrison, of Paterson, N. J., on "Certain Pathological Conditions of the Fallopian Tubes of Interest to the General Practitioner." The following officers were elected for the ensuing year: President, A. A. Seem, of Bangor. Vice-presidents, C. P. Knapp, of Wyoming; W. H. Hartsell, of Lehigh; A. H. Halberstadt, of Pottsville; O. H. Sproul, of Flemington, N. J. Secretary, Charles McIntire, of Easton. Assistant secretary, W. P. Walker, of South Bethlehem. Treasurer, Abraham Stout, of Bethlehem.

The Muhlenberg Hospital. — Dr. George W. Endicott, who has been surgeon to the Muhlenberg Hospital, of Plainfield, N. J., from the time the institution was first opened down to the present time, has resigned and Dr. W. H. Murray has been appointed to fill the vacancy. Dr. Murray is the president of the Plainfield Board of Health, and is also a member of the State Board of Health.—New York Medical Journal.

Some of the Properties of Oysters.—Oysters have for centuries been much esteemed by medical men as being very nutritious and easy of digestion, but both these properties are much diminished when not taken in their raw state. It may not be generally known that the fluid which surrounds the oyster bears a closer analogy to the gastric secretion than anything else in nature. In addition to the solvent properties of this fluid it is not without its nutritive properties. We have of late devoted considerable attention both to the substance and secretion therefrom, and find that in a given weight of the latter and the same of the oyster the fluid yields only forty per cent. less of animal gluten or jelly than the fish. Consequently all persons who are accustomed to eat oysters should be ever mindful that as little as possible of the juice should be lost. When oysters are eaten stewed or scalloped, the two properties, as before stated, are much diminished; consequently they ought never to be taken by invalids except in their raw state.—Medical Record.

American Association of Obstetricians and Gynæcologists.—The following officers were elected for the ensuing year: President, Dr. W. E. B. Davis, of Birmingham, Ala.; first vice-president, Dr. Edwin Walker, of Evansville, Ind.; second vice-president, Dr. A. Goldspohn, of Chicago, Ill.; secretary, Dr. William Warren Potter, of Buffalo, N. Y., re-elected; treasurer, Dr. X. O. Werder, of Pittsburgh, Pa., re-elected.

Cleveland, Ohio, was selected as the place for holding the next annual meeting; time, the second Tuesday in September, 1901.

The Pan-American Medical Congress.—Dr. Tomás V. Coronado, secretary, announces that the third Pan-American Medical Congress will be held in Havana, Cuba, on Wednesday, Thursday, Friday, and Saturday, December 26, 27, 28, and 29, 1900. The official languages of the congress will

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be French, Spanish, Portuguese, and English.

The Medical Association of Hawaii.—At the last annual meeting of this association the following officers were elected: President, Dr. W. E. Taylor; vice-president, Dr. H. E. Sloggett; secretary and treasurer, Dr. G. A. Hodgins. The executive committee consists of the officers and Drs. R. P. Myers and C. B. Cooper.

Zeta Phi Women's Medical Fraternity.—During the past year the women of Syracuse University, College of Medicine, have organized Zeta Phi Medical Fraternity. They esteem it an honor that Dr. Elizabeth Blackwell has consented to become a charter-member, she having been graduated from this college and the first woman to receive the degree of M.D. in America. The purpose of the fraternity is to bring the women of the medical profession into closer touch with one another.

Politeness as a Life-saver.—In the public square of Vendôme I stopped at a little shop to have a punctured tire repaired.

"Have you seen our new statue?" said the man; "yonder in the square—it's a very fine thing—Rochambeau."

The American who travels in France takes his country with him. There is hardly a canton without its American *souvenir*—or countess. This statue to the glory of the man who forced Cornwallis to surrender at Yorktown was presented to his birth-place by Americans and unveiled by the American Ambassador. Not all republics are ungrateful. I don't remember very much of Rochambeau's career. Yorktown is enough.

But the little man of Vendôme, as he pumped up my wheel, told me an anecdote which proves that politeness, like honesty, is the best policy. During the Reign of Terror the Convention had condemned the old hero to death. With a crowd of unfortunates he was ordered into the wagon that was to take them to the guillotine. Courteously the old man stepped aside that Malesherbes and his companions in death might get in first. The wagon was full before his turn came.

"Take him back," said the headsman; "he can go with to-morrow's batch."

But when to-morrow came Robespierre had fallen and the reign of the guillotine was over. It was a lesson in politeness, and when the little shopman and I parted we took off our hats to each other. One never knows what may happen in this land of revolutions.—Vance Thompson, in The Saturday Evening Post.

New Rules and Regulations of Philadelphia Hospital.—At a meeting of the Department of Charities and Correction, the following resolutions were offered by the president, Dr. John V. Shoemaker, and unanimously adopted:—

Whereas, it is known that of late the interest taken by medical students in the clinical teaching at the Philadelphia Hospital has been falling off, both in numbers and in interest; and, whereas, it is the desire and intention of the Department of Charities and Correction, Bureau of Charities, to do all possible to promote, encourage, and enlarge the clinical teaching at the Philadelphia Hospital, and to make it the finest in the country; and, whereas, numbers of medical students emigrate to foreign countries for the express purpose of obtaining practical clinical teaching; and, whereas, under the instructions of the Department of Charities and Correction, Bureau of Charities, the superintendent is to formulate rules for the government of the bureau; therefore, be it resolved, that the superintendent is hereby instructed and directed to incorporate in the rules for the government of the Philadelphia-Hospital Clinics the following:—

First: That clinical teaching under regulations arranged with the superintendent is to be an obligation assumed by every member of the Visiting Staff, and can only be omitted by members of the staff after special arrangement with the superintendent.

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Second: The General Clinics, Bedside and Pathological Instructions are free to all students of medicine registered at Philadelphia medical schools.

Third: The General Clinics will be held in the Hospital Amphitheatre on Wednesday and Saturday of each week during the college year between the hours of 9 A.M. and 12 o'clock noon.

Fourth: Assignments for clinical lectures are to be made from the members of the Medical Board, the choice of hours or days allotted in order of seniority. The assignments made and accepted by members of the Medical Board are to be considered as an important part of their hospital duty.

Fifth: Members of the Medical Board are permitted to use the amphitheatre for clinical teaching on other days and hours than the regular Wednesday and Saturday hours.

Sixth: Members of the Visiting Staff are permitted to use the wards for bedside instruction. The classes not to exceed ten students at any one time.

Seventh: Registrars are permitted, under directions of the members of the staff on duty, to assist them in ward and other teaching.

Eighth: The surgical and gynæcological operations performed in the hospital are to be open to physicians and students under proper regulations.

Ninth: That the members of the Obstetrical Staff are permitted to conduct, in the presence of their classes or subclasses, such cases of accouchment as they may deem necessary and proper.

Tenth: The clinical teaching of insanity is to be made a feature of the hospital, that all students may have an opportunity to study and observe diseases of the mind.

Eleventh: Teaching and ward instruction on diseases of the eye, nose, throat, and ear; diseases of the skin; orthopædic surgery, and all specialties will be arranged under the direction of the physician upon those subjects.

Twelfth: That in all deaths in the hospital the members of the Medical and Surgical Staff are hereby empowered to have made by the pathologists proper autopsies for the examination of disease or for teaching purposes, providing that no unnecessary examinations be made.

Thirteenth: Pathologists are permitted to have classes, not exceeding twenty-five in number in the Hospital Museum, having use of all of the equipment of the Pathological Department for that purpose.

Fourteenth: While the most liberal facilities for clinical teaching in all branches of medicine are to be allowed, at the same time the welfare of the sick is always to be considered first by the members of the staff.

Rules for the Roentgen-Ray Department.— All appliances and apparatus needed for this purpose shall be kept in a room selected for the purpose and be under the control of the superintendent.

The operation of the apparatus shall be under the direction of a special selected physician or interne, as may be assigned by the board.

Examinations by the Roentgen-ray apparatus shall only be made in cases properly referred to the department as provided below.

Applications for Roentgen-ray examinations must be made upon the form provided, which form must contain a specific statement of the differential diagnosis desired, and this form must be signed by the member of the Visiting Staff desiring examinations, and countersigned by the Chief Resident Physician. The history of the patient must accompany the patient to the Roentgen-ray room.

A written statement of the diagnosis will be furnished, but the photographic negatives are the property of the department, where they will always be kept for reference.

The apparatus cannot be used by others than those named without permission of the superintendent.

Study of Tropical Diseases. — Dr. le Dantec, professeur agrégé in the medical faculty of Bordeaux, has been appointed to

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give a course of instruction on tropical diseases. He has for several years lectured on the subject. In Holland the teaching of tropical medicine has recently been inaugurated by Dr. J. H. Kohlbrugge, *privat-docent* in the University of Utrecht.—Medical Times and Hospital Gazette.

School of Tropical Diseases for Germany.—A school of tropical diseases similar to those already in existence in London and Liverpool is about to be opened at Hamburg. Dr. Nocht, the port medical officer of Hamburg, has been studying the English schools for the purpose of studying the work in each establishment, since the Hamburg school will work in co-operation with the two English schools. Dr. Nocht has had an interview with Mr. Chamberlain, the English colonial secretary, who is intensely interested in the subject. It is contended that once malaria is suppressed in West Africa the country will become a second India.—Medical Record.

Health Commissioner.—Dr. Harry S. Kiskadden, of Detroit, has been appointed health commissioner to succeed Dr. B. Howard Lawson, resigned.

The Horror at Galveston.—In the frightful storm which visited Galveston and other gulf towns the large buildings,—asylums, hospitals, and school-houses,—which had been sought out as places of refuge, suffered more than frailer buildings. An orphan-asylum, containing many children and numbers of refugees, collapsed, as an eye-witness expressed it, "like a house of cards," and most of the inmates perished. St. Mary's Infirmary was completely demolished, and all the sisters and ninety patients and other inmates were drowned. The Catholic orphan-asylum is also reported to have been destroyed, all the children and sisters being drowned. A home for aged women fell, and a school-house near it was also destroyed, burying in the ruins numbers of persons who had taken refuge there. Two physicians were killed while on the way to see their patients. One was drowned, the other struck by a falling beam or other heavy object.—Medical Record.

Scandinavian Ophthalmologists.—The Congress of Scandinavian Ophthalmologists, which has been organized on the model of the Ophthalmological Congress annually held at Heidelberg, recently held its first meeting at Stockholm. The meetings are to be held every two years; the next will be held in Copenhagen in 1902.—Medical Times and Hospital Gazette.

New York State Hospital.—Dr. James Cole Hancock has been appointed ophthalmologist to the New York State Hospital at Flatbush.

Bile in the Urine.—Dr. Walsh, in a recent clinical lecture, gave the following simple plan of detecting bile in the urine: "A considerable quantity of urine, from six to eight ounces, is allowed to pass through a piece of white filter-paper. This is then spread on a plate and touched with a glass rod that has been dipped in crude nitric acid. A play of colors develops, green forming the outermost ring. This test is very delicate."—Journal of Medicine and Science.

American Monthly Review of Reviews.—In the October Review of Reviews the editorial department entitled "The Progress of the World" contains an impartial review of the presidential campaign down to its present stage, special attention being given to the letters of acceptance of the several candidates. Other topics editorially treated in this number are the Galveston calamity, the coal-miners' strike, the pending elections in England, and the problem of reconstruction in China. Mr. Charles R. Flint, in reviewing the new book by Professor Jenks on the trust problem, offers several practical suggestions on the financing of industrial enterprises. Mr. W. T. Stead contributes a character sketch of the late Lord Chief Justice of England, Lord Russell of Killowen, who was well known in the United States, having visited here and addressed the American

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Bar Association a few years since. "Does Jamaica Contain a Lesson in Colonial Government?" is the title of an illustrated article by Julius Moritzen. Mr. Price Collier writes an entertaining account of "The Rise of Golf in America" for the October number of the Review of Reviews.

Ladies' Home-Journal.—A score of writers and artists contribute to the October Ladies' Home-Journal, and the issue is one of commanding excellence. The number opens with "The Story of a Young Man," which, portraying Jesus as a man, and viewing him in the light of his humanity, fills a unique and unoccupied place in current literature. The first of "A Story of Beautiful Women," tells of the romance of an American girl who married a Bonaparte, and a series of stirring adventures are narrated in the first of the "Blue River Bear Stories," by the author of "When Knighthood was in Flower." Mrs. Elizabeth Stuart Phelps's new novel, "The Successors of Mary the First," which has to do with domestic and suburban life, and is exceedingly funny, is begun in the October Journal. Edward Bok arraigns the Pullman Palace Car Company for teaching false standards of decorative art. Of the special features of interest are: "The Longings of a Secluded Girl," "A Minister Among the Cowboys," "Romances of Some Southern Homes," "How We Can Lead a Simple Life," and "Criticising the Clothes of the Minister's Family." "A Georgian House- for $7000" and "A Farmhouse for $3500" are given, with building plans and details, and "A Successful Country Home" pictures the exterior and interior of a house of log construction. By The Curtis Publishing Company, Philadelphia. One dollar a year; ten cents a copy.

Nurses in the Spanish War.—A society to be called the Spanish-American War Nurses' Association was organized at a reunion of some sixty army nurses who had served in the Spanish war. The constitution adopted makes only those who were in actual service not less than one month during the Spanish war eligible to membership. Of these there are at least five hundred. The following officers were elected: President, Dr. Anita Newcomb McGee, acting assistant surgeon United States army, Washington. Vice-presidents, Dr. L. A. Hughes, of Boston; Miss Hibbard, of Manchester, N. H.; Dr. Isabel Cowan, Presidio Reservation, California; Miss Hobson, of New York; Miss McCloud, now serving in the Philippines; Miss Walton, of New York; Miss Miselback, now serving in Santiago, Cuba; Miss Robbins; Miss Dreyer, now in the Philippines; Miss Read, of Baltimore. Recording secretary, Miss Lela Wilson, of Boston. Corresponding secretary and treasurer, Mrs. George Lounsbury, of Charleston, S. C. The association will meet in Washington next year.—Medical Record.

Southern Surgical and Gynæcological Association.—The meeting of the Southern Surgical and Gynæcological Association will be held in Atlanta, November 13th, 14th, and 15th, under the Presidency of Dr. A. M. Cartledge, of Louisville. Members of the medical profession are cordially invited to attend.

Sterility in the Male.—E. Ries has made a study of sterility in the male, paying special attention to azoöspermia due to obstruction in the system of sperm-channels. He makes two classes of cases, according to the presence or absence of changes in the cellular tissue surrounding the seminiferous tubules. The most marked of these changes is the formation of a zone of hyaline tissue around the seminiferous tubules in the place of the normal flat connective-tissue cells which form the physiological sheath of the tubules. This zone of hyaline tissue cuts off the epithelium from its supply of nourishment, normally derived from the blood-vessels of the intertubular connective tissue. Degenerative changes of the epithelium accompany the formation of the hyaline rings. Where the hyaline zone is thin we find the

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epithelium of the tubule either normal, even containing spermatozoa, or the spermatozoa are absent and we find only a few layers of epithelium, or even only one layer, the border-lines between the cells frequently becoming indistinct. There is, however, a distinct cavity of the tubule, which is sometimes filled with spermatozoa. With the further encroachment of the hyaline zone, the epithelium is reduced to a very thin, flat layer, resembling endothelium, and these tubules contain nothing but a few fragments of cells. In the most pronounced cases the lumen of the tubule disappears completely, and instead of a channel lined with epithelium, nothing is seen but a more or less wavy and hyaline mass of tissue with very few nuclei, without any trace of the normal testicular epithelium.—Medical Times and Hospital Gazette.

Board of Charities and Correction of Philadelphia.—Dr. Ellwood R. Kirby has been elected a member of the Board of Charities and Corrections.

Woman's Medical College of Pennsylvania.—Dr. William L. Rodman, of Philadelphia, has recently been appointed Professor of the Principles and Practice of Surgery, and Dr. W. V. Laws, Professor of Operative and Clinical Surgery.

Tuberculosis of the Male Genital Organs.—Professor W. Watson Cheyne writes: "Of the male genital organs the epididymis seems to be the one most frequently affected with tuberculosis, but the disease rarely remains localized there for any length of time, but spreads, on the one hand, into the testicle, and, on the other hand, along the vas to the vesiculæ seminalis and the prostate."—International Journal of Surgery.

Rochester Academy of Medicine. — The officers of this recently-organized body are: President, William S. Ely; vice-presidents, Charles A. Dewey, John O. Roe, Simon L. Elsner, Richard M. Moore; secretary, Henry T. Williams; treasurer, Edward B. Angell; board of trustees, William S. Ely, Eugene H. Howard, Simon L. Elsner, Edward B. Angell, John O. Roe, Edward W. Mulligan, Richard M. Moore, Charles A. Dewey, Henry T. Williams; board of councilors, William S. Ely, Charles A. Dewey, John O. Roe, Simon L. Elsner, Richard M. Moore, Henry T. Williams, Edward B. Angell, Eugene H. Howard, Edward W. Mulligan; library committee, John O. Roe, J. Livingston Roseboom, Edward B. Angell.

Peculiar Transformation in the Color of Hair due to the Internal Administration of Colchicine. — Dr. Alexander L. Hogddon, Professor of Nervous Diseases and Diseases of the Mind in the Maryland Medical College, writes as follows in Gaillard's Medical Journal: "A lady with a very beautiful head of almost snow-white hair was taking some colchicine for an affection of a rheumatic nature. Very soon after the treatment had been inaugurated her attention was called to the fact that her hair was turning to a beautiful golden hue. The treatment was stopped soon after that, but begun again lately, when the same change was again noted. We know that colchicine is the active principle of the *Colchicine autumnale*, or meadow-saffron, and that when it is exposed to sunlight it turns yellow."

Multiple Neuritis Following Scarlet Fever.—The only other case in literature is one described by Seifert. The case now reported by Egis was that of a girl, 4 years of age, who was admitted to the hospital two months after the appearance of the scarlet-fever eruption. During the fifth week of the disease ataxic gait had been observed. Eighteen months previously the child had passed through an attack of diphtheria followed by paralysis. When examined desquamation was still going on on the soles and the toes of both feet. There was paralysis of the two peroneal nerves, disturbances of co-ordination in all extremities, and ataxic gait. There was also diminished electrical excitability, especially of the ulnar and peroneal nerves, absence of the patellar

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reflexes, and pain in the course of the affected nerves. No anæsthesia, no pupillary changes, and no paralysis of the faucial muscles. The action of the sphincters was normal. There was also a rhythmical tremor of the head and the extremities. All internal organs seemed to be normal. The child was kept in the hospital for seventy-eight days, and during this time all the symptoms referable to the nervous system disappeared. Last to return were the reflexes and the electrical excitability. The treatment employed consisted of massage, warm baths, and the administration of $^1/_{60}$ grain of strychnine daily. Later doses of arsenic and strychnine were given. The case is interesting not only on account of its etiology, but also by the presence of ataxia of peripheral origin without loss of sensation in the skin. After careful analysis of the symptoms the author arrives at the conclusion that the disease was organic, and not functional, in character, and that the main symptoms admit only of the diagnosis of multiple neuritis. The tremor he explains as an hysterical phenomenon.

Muratow, in a discussion of the paper, draws attention to the fact that this case confirms the existence of an acute ataxia of polyneuritic origin. As to the etiology of the case, he recalled the fact that the girl had had a diphtheritic paralysis about a year and a half previous to her attack of scarlatina, and that patients who have passed through one attack of neuritis are liable to have another, and that, of all causes that have a tendency to bring about a recurrence, infection was entitled to the first position. He therefore considers the case under discussion one of recurrent neuritis caused by scarlet fever.—Archives of Pediatrics.

Winnipeg.—Dr. A. J. Douglas has been selected for the position of health officer for Winnipeg.

Multiple Neuritis Following Pneumonia.—At a meeting of the New York Neurological Society Dr. Lewis A. Conner showed a man, 41 years old, who had come to the Hudson Street Hospital on the 7th of November with lobar pneumonia of five days' standing, with a typical history and physical signs. The consolidation involved the left upper and lower lobes, and ran a normal course up to the point of defervescence. Instead of clearing up at the end of the seventh or ninth day, although the temperature dropped, the consolidation remained, presenting the ordinary picture of delayed resolution for two weeks beyond the allotted time. During that time the patient gave no evidence of any other trouble. Just at the end of this period of consolidation, three weeks from the beginning of the attack of pneumonia, it was noticed that his legs were weak, that he had some discomfort in moving them, and that the extensors of the left arm were paretic. In the course of a week the following picture was developed: Extensive, almost complete, paresis of the extensors of the leg, the tibialis group and the peroneal muscles, and of the extensors of the left arm, with slight loss of power in the right arm. No anæsthesia. Some numbness of the tips of the fingers and an area of hyperæsthesia over the crest of the ilium on each side. Hardly any pain except the girdle sensation. Tenderness over the calves of the legs and over the arms very slight. The diaphragm was not moving properly, and in about a week from the beginning of the symptoms of paralysis there was complete loss of function of the diaphragm, with either forced or natural respiration. It was a severe multiple neuritis, which ran a course of five weeks before any improvement could be noticed. At the time he was shown the man could walk about and had recovered very largely the use of his left hand. It was six weeks from the time of disappearance of function in the diaphragm before the first contraction could be recognized. There was no history of syphilis or tuberculosis. The man had been accustomed to drink three or four glasses of beer or ale in the course of the day, and two or three times a week a

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glass of whisky. The picture had not been that of alcoholic neuritis, and the sensory symptoms had been no less marked than they usually are in these cases.—New York Medical Journal.

Signs of Pancreatic Affection. — Scherschewsky has noticed that hypertrophy of the pancreas consecutive to that of the spleen compresses the abdominal aorta and causes a murmur below. Pain in the stomach region immediately after eating is another symptom of a pancreatic affection, and also reflex pains from compression of the nerve-roots, such as the girdle feeling and cramps at the neck of the bladder. There is also a palpable pulsation in the stomach region, accompanied by distress and palpitation.—Journal of the American Medical Association.

Wedding-bells.—Dr. Albert H. Macbeth, formerly of Buffalo, and Dr. Harriet Stemen, of Fort Wayne, Ind., were married at the home of the bride's parents, Dr. and Mrs. C. B. Stemen, of Fort Wayne.

"Conjunctival Asthma."—Professor Rosenbach, of Berlin, describes what he calls "conjunctival asthma." He has seen five cases. The affection is characterized by intense hyperæmia of the conjunctiva, especially of the upper lids. In all of the cases the subjects were plethoric and between forty and fifty years of age. The hyperæmia comes on periodically, or it may become more intense periodically, and is often associated with hyperæmic conditions of the nasal mucous membrane. The chief symptoms are a pronounced feeling of weariness and a heaviness about the head, want of rest with inability to sleep, periods of depression associated with anxious thoughts, and there is often a sense of constriction about the neck and chest, with frequent sighing. In short, there are found all the symptoms of a highly-nervous state. The affection defies the usual local treatment. The instillation of a weak solution of cocaine does more good than anything else, but the relief is only temporary. Independently of the history,—that is to say, of the periodicity of the attacks and of the accompanying nervous phenomena,—the diagnosis can only be made from the ineffectiveness of the usual local remedies for conjunctivitis and from the rather remarkable effect of cocaine. The author is unable to say whether the condition is in any way indicative of cerebral hyperæmia, but he is decidedly of the opinion that disturbances in the intestinal tract, hæmorrhoids, etc., may be factors.—New York Medical Journal.

New York State Pathological Laboratory. —The New York State Pathological Laboratory has secured the services of Mr. Clowes, of London, England, as chemist. The laboratory is a part of the University of Buffalo. Recently a bequest of $25,000 was made for the erection of a new and modern laboratory building.

Northwestern University. — Dr. Archibald Church has been recently appointed Professor in Nervous and Mental Diseases and head of the neurological department of the Northwestern-University School.

Cutaneous Hypæsthesia in Tabetics.—Dr. Grebner examined the tactile sensibility in fifty-two tabetics belonging to the intelligent classes, and found that hypæsthesia always begins in two centres, corresponding to the third dorsal and the first sacral nerves, and that the limits of the hypæsthesia correspond to the peripheral projection of the posterior roots. From each of these centres the affection spreads simultaneously from above and from below to the neighboring posterior roots. The upper centre is usually more frequently affected than the lower, and the hypæsthesia of the upper centre may be considered as one of the initial symptoms of tabes. The superior roots of the neck, beginning from the fifth cervical, remain normal even in the most advanced cases. Hypæsthesia is always present wherever there is ataxia, and the degree of the latter depends appreciably on the degree of hypæsthesia.

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The skin over the atactic joints is not necessarily hypæsthetic, and the author could not find any improvement in the hypæsthesia of the joints, in the cases in which there was a marked improvement in the ataxia as the result of the education of the patient's muscles.—New York Medical Journal.

University of Illinois.—Drs. A. J. Ochsner and A. H. Ferguson have been appointed Professors of Clinical Surgery in the Medical Department of the University of Illinois (College of Physicians and Surgeons).

Dr. George P. Dreyer, Associate Professor of Physiology at Johns Hopkins Medical School, has been elected to the chair of physiology in the College of Physicians and Surgeons.

New York State Association of Railway Surgeons.—The recently elected officers are: President, Dr. J. L. Eddy, of Olean; first vice-president, Dr. W. R. Townsend, of the Manhattan Elevated; second vice-president, Dr. H. P. Jack, of Canisteo; secretary, Dr. C. B. Herrick, of Troy; treasurer, Dr. Theodore D. Mills, of Middletown.

The Good Samaritan. — Next we were marched a mile and a half to a bamboo church in the outskirts of Baler. We saw the town as we passed—a mere huddle of native huts; the women and children, most of them half-nude, ran excitedly after us. On the way our wounded suffered severely. It was only with great difficulty that some of them could drag themselves along. Others we had to carry. At the church a good Samaritan came to their assistance. He was an old man, poorly attired, but he had fine eyes and a kindly, almost fatherly, manner. He ran out into the woods and hastily gathered some large leaves. From these he squeezed a white liquid and let it run in the wounds. For a few moments the agony was so great that the sufferers thought they could not endure it. They cried out that they were being burned to death, that the old man had poisoned them. Perspiration poured from their bodies. The old man smiled and tenderly stroked the head of the boy Venville, and muttered in Spanish that they would all feel better by and by. He was right. In ten or twelve minutes the men were free from pain. The inflammation was gone and their fever had subsided. Venville's foot, which had been frightfully swollen, resumed nearly its natural size. The succored men seized the old man's hand and shook it in gratitude. If we had had anything left we should have made him presents. We all felt better for this one touch of nature there in the jungle. I could never learn anything more about the old man or his healing herb, though I made many inquiries then and afterward. Some day, perhaps, the world may get a new balm out of Luzon.—"A Prisoner among Filipinos," by Lieut.-Commander James C. Gillmore, U. S. N., in McClure's Magazine.

Roosevelt Hospital. — Dr. Joseph H. Broadbent, Jr., of Roxbury, Mass., has been appointed pathologist at Roosevelt Hospital, New York City.

Dr. John B. Murphy. — Dr. John B. Murphy has accepted a professorship in surgery and clinical surgery in the Northwestern University Medical School (Chicago Medical College). Dr. Murphy has been appointed surgeon-in-chief of Mercy Hospital, with the direction of the surgical teaching in that hospital. He will give two clinics each week at the hospital. The hospital now contains 260 beds, with abundance of clinical material. A new amphitheatre with a seating capacity of 300 is in progress of construction.

Syphilis of the Granddaughter. — Professor A. I. Pospieloff writes that the question as to the hereditary transmission of syphilis to grandchildren and great-grandchildren has been the subject of investigation in the past without having been definitely solved, principally on account of the fact that the manifestations of hereditary syphilis are so protean that no definite diagnostic signs exist (Fournier). Syphilis of

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the second generation may be characterized by the same symptoms as that of the first, or it may be accompanied by a series of phenomena that are called parasyphilitic (Barthelemy). The manifestations of syphilis of grandchildren are unusually variable, and consist principally of a series of dystrophies, among which general atrophy plays a prominent part. In many cases there are no manifestations of the type of secondary or tertiary syphilis in these infants as we find them in the first generation. As a rule, the atrophy begins *in utero*. The children are born prematurely and die at an early age, "of nothing," as the French say. The autopsies of these infants do not reveal anything characteristic of syphilis, in contrast to the findings in the bodies of hereditary syphilitics of the first generation. Of 83 autopsies on this latter class of infants the writer found that in the majority (61) there were more or less marked syphilitic lesions in the internal organs. In the second generation miscarriages are less frequent than in the first, and in those cases in which syphilitic grandchildren are born at term they may be perfectly well during infancy, but when they reach the age of from two to five years they become cachectic without any apparent cause. The diagnosis of syphilis in the second generation is very difficult, because the symptoms are so indefinite and the history of parents and especially of grandparents cannot always be obtained. The author reports the history of a girl aged 13 years. Her father never had syphilis, but stated that the child's grandfather was known to have had the disease and been treated for it. The patient was an anæmic girl whose size did not correspond to her age; the skeleton was ill developed and the whole appearance that of a girl of nine or ten years. She had a chronic rhinitis, with the formation of thick brownish crusts and a deep ulcer of the hard palate. Her mother had twelve children, all of them born at term; two died during labor, of accidental causes (asphyxia, prolapse of the cord). The patient had suffered from coryza from earliest childhood. Both the patient and her father had Hutchinson's teeth. The child improved considerably under antisyphilitic treatment. The author believes that she may transmit syphilis to her children (in other words, hereditary syphilis in the third generation), and that syphilis in the second generation may be accompanied, not only by dystrophies, but also by gummatous processes, without necessarily being present in the parents.—New York Medical Journal.

Disease of the Myocardium in Congenital Syphilis.—It is not as yet sufficiently well known that congenital syphilis may produce grave vascular disease in children. G. Berghinz records, in the Gazette degli Ospedale, two interesting cases which throw a light on the arterial and vascular lesions which may be produced in infants and which may result in death in the midst of apparent health. One case is that of an infant, 18 months old, who, while in apparent good health, suddenly developed a paroxysmal dyspnœa, with cough and intense cyanosis: symptoms which possibly pointed to œdema of the lungs. There were no symptoms, however, of fever, renal disease, epilepsy, laryngeal spasm, or status thymicus, and the case ended fatally. The post-mortem examination disclosed syphilitic vascular lesions of a characteristic sort (arteriosclerosis) such as occur in the subjects of congenital syphilis, and affecting especially the myocardium. No syphilitic history was ascertained in the parents, but in the second case in which the same group of symptoms occurred in a child and ended fatally inquiry revealed an undoubted syphilitic history in the child's father. Berghinz refers also to an article in the Centralblatt für Kinderheilkunde, containing a summary of the post-mortem appearances in twenty-two cases of hereditary syphilis, in which it appeared that syphilis affected the ganglia of the heart and gave rise to a proliferation of the perivascular connective tissue of the blood-vessels in the cardiac walls, which eventually resulted in

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arteriosclerosis and death. It is clear, therefore, that arterial disease due to congenital syphilis may, when it affects the coronary arteries and nutrient vessels of the heart, result in rapid and sudden death when symptoms of dyspnœa and cyanosis supervene in a child otherwise apparently healthy. It is also interesting to note that many forms of cerebral palsy (hemiplegia and monoplegia) may likewise be the outcome of cerebral arteriosclerosis when the latter occurs in the fœtus *in utero* or in infancy, the results appearing as various forms of paralytic idiocy and imbecility.—Lancet.

Tri-State Medical Society of Alabama, Georgia, and Tennessee.—The Twelfth Annual Meeting of the Tri-State Medical Society met at Chattanooga, Thursday, Friday, and Saturday, October 11, 12, and 13, 1900, just after the meeting of the Mississippi Valley Medical Association, Ashville, N. C.

The Brain of Hermann von Helmholtz.—The brain of Professor von Helmholtz, who died in 1894, has been the subject of investigation by Professor Hausemann and three other physicians. The results are of much interest, in view of the great mental superiority of the learned professor, who rose to the very highest rank of scientific investigators.

The head was decidedly brachycephalic. The brain (after removal of the blood-clot) weighed 1420 grammes. This was not much in excess of the average, which Bischoff puts at 1358 grammes. The brain was not abnormally or excessively convoluted, and, indeed, there was nothing discoverable which, in the present state of our knowledge, would have led the most expert observer to suppose that the brain had once served as the physical basis of the mind of a great man.—Medical Times and Hospital Gazette.

Medical Society of Virginia. — The twenty-first annual session of the Medical Society of Virginia was held at Charlottesville on October 22d, 23d, and 24th. Many excellent papers by prominent members are announced upon the program.

Book Reviews.

Clinical Examination of the Urine and Urinary Diagnosis. A Clinical Guide for the Use of Practitioners and Students of Medicine and Surgery. By J. Bergen Ogden, M.D., Instructor in Chemistry in the Harvard University Medical School, etc. Illustrated. Philadelphia: W. B. Saunders & Co., 1900. Price, $3.00 net.

In this useful work the author has devoted much attention to the clinical significance of those changes in the urine which are revealed to us by chemical and microscopical examination. The text, in accordance with this design, has been divided into main parts. After describing in the opening chapter the constituents of normal urine the author proceeds, in succeeding chapters, to enumerate, in systematic order, the various abnormal substances which may be found in that fluid, together with the modes by which their presence may be recognized and their amount computed. This part of the work is enriched by many illustrations, embracing a number which are original.

The second part includes four chapters. These relate to diagnosis. This is the object for which physicians examine urine. In this portion of the book the author considers those diseases in which the urine is characteristically altered. Beginning with disorders of the kidneys, he proceeds to follow the divisions of the urinary tract below the kidney proper, and concludes with a chapter treating of the urine in diseases outside of the urinary tract. In the various fevers and infectious diseases we meet with changes in the composition of the renal secretion. The same is true of certain constitutional disorders and disturbances of the nervous system. In all these maladies it is exceedingly profitable for the physician to inform himself as to the character of the urine. In the

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work before us the student will find the cardinal facts relative to these matters clearly expounded and presented in such a manner as cannot fail to be useful in practice.

Rhinology, Laryngology, and Otology, and their Significance in General Medicine. By E. P. Friedrich, M.D., Privat-docent at the University of Leipzig. Authorized Translation from the German. Edited by H. Holbrook Curtis, M.D., Consulting Surgeon to the New York Nose and Throat Hospital and to the Diphtheria and Scarlet-Fever Hospitals. Philadelphia and London: W. B. Saunders & Co., 1900. Price, $2.50 net.

This most excellent work is constructed upon an original plan and one which will commend it most highly to all engaged in general as well as special practice. It may be said, in fact, to be written from the standpoint of the general practitioner, who is the first summoned to the home in case of illness and upon whose judgment invalids and their friends must perforce rely in the early stages of diseases involving the organ of hearing and the upper air-passages. It is an admirable conception, consequently, for Dr. Friedrich to describe the havoc wrought in these parts of the economy, not alone by maladies restricted to themselves, but also to those more widely related morbid processes in which people are accustomed to rely upon the family physician for advice. By the study of this work the attendant will qualify himself to give judicious advice and avert many evil consequences which might follow neglected, unrecognized, or unwisely-treated conditions. The author also bestows much attention upon the interrelationships which exist between the disorders of the nose, ear, and throat.

Disease of the respiratory organs, of the circulatory system, the digestive system, and of the blood; chronic constitutional diseases; acute and chronic infectious disorders; diseases of the kidney, of the skin and sexual organs, of the eye, the nervous system, and intoxications,—all have an influence upon those parts of the human economy to which this work is especially dedicated. In successive chapters the student reads with satisfaction what is known concerning the effect of the general disorders upon the nose, the ear, and the throat. Our author, for instance, mentions some interesting facts connecting the nasal mucous membrane with normal and abnormal states of the sexual organs and functions, and this plan is pursued throughout the entire book, which is both interesting and instructive and which we can recommend with pleasure.

Practical Gynecology. A Comprehensive Text-book for Students and Physicians. By E. E. Montgomery, Professor of Gynecology in the Jefferson Medical College, etc. With 527 Illustrations, Nearly All of which Have Been Drawn and Engraved Specially for this Work, for the most Part from Original Sources. Philadelphia: P. Blakiston's Son & Co., 1900.

Dr. Montgomery has more than obeyed Horace's recommendation, for he tells us in his preface that the present work has been under consideration for the last fifteen years, and that much of it has been rewritten. This painstaking and lengthened labor, conjoined with the direct and practical cast of the author's mind, aptly justify the title which has been given to the work. It is emphatically a practical treatise, in which the reader will find his needs provided for in a most competent manner, and which will undoubtedly serve as a reliable guide to practice. The descriptions of the symptoms of the various disorders of the female sexual and urinary apparatus are lucid and instructive, and pave the way naturally to the exposition of the differential diagnosis of the maladies in as far as they depend upon symptomatology. The physical conditions ascertainable by thorough examination are equally well depicted. In the matter of treatment, as may be inferred, the author is particularly strong. Perhaps

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there is no field within the domain of practice where a well-balanced judgment is decidedly needed than in the field covered by this work. The surgeon, whether he be gynecic or general, must always be prepared to give the reasons for the faith which is within him, and must know when operations are feasible as well as how they are to be performed. This is the kind of information conveyed to the reader by the author of this book. The illustrations are excellent and are of much assistance to the text.

Studies in the Psychology of Sex. The Evolution of Modesty.—The Phenomena of Sexual Periodicity.—Auto-erotism. By Havelock Ellis. $6\,^3/_8 \times 8\,^7/_8$ inches. Pages xii-275. Extra Cloth, $2.00, net. Sold Only to Physicians and Lawyers. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

In this thoughtful and suggestive work the author has brought together a collection of facts and speculations which must be of interest to all engaged in the study of the physical basis of mental and spiritual phenomena. So profound is the influence, conscious and unconscious, which the generative organs exert upon intellectual conditions and social problems that the philosopher cannot afford to neglect any of the means by which information is to be obtained regarding the manner in which their power is gained and in which it is exercised. Concerning the hidden springs of the varied manifestations, physiological and pathological, we may gain much light by the examination of the facts of evolution and comparative methods: the plan, in short, which has enlightened us in so many other fields of investigation. The causes of pathological conditions are often recondite and need deep research conducted in the true spirit of scientific investigations. In such studies we shall gain numerous clues which assist us to understand much that has until now been full of darkness and mystery. Hoary customs, traditions, and emotional attributes are, in a multitude of instances, much more intimately connected with the sexual system than at superficial glance would be apparent.

The work is illustrated by reference to many cases which demonstrate the intimate relationship and interaction of physical and psychical states.

There is a vast field in modern life which can best be tilled by acquiring and applying intelligently such knowledge as is contained in this book.

A Practical Treatise on Fractures and Dislocations. By Lewis A. Stimson, B.A., M.D., LL.D. (Yale), Professor of Surgery in Cornell University Medical College, New York, etc. Third Edition, Revised and Enlarged. With 336 Illustrations and 32 Plates in Monotint. Lea Brothers & Co., New York and Philadelphia, 1900.

Dr. Stimson's work is well known, and immediately upon its first issue took a high position as an authority upon an exceedingly important branch of the practice of surgery. The accidents of which this book treats are so frequent in every walk of life that it behooves the practitioner to quality himself assiduously to care for them in the most approved style. The satisfaction arising from the successful management of these injuries is, in itself, a great reward. *Per contra,* failure to secure the best possible result is a reproach to the surgeon, a source of keen disappointment, and, in some instances, gives rise to further trouble in the courts.

He who studies the pages of this book will receive sound instruction in the principles upon which fractures and dislocations are to be treated, and, as far as any book can do so, will be guided as to the most promising methods of dressing broken bones and displaced joints. The manual skill and dexterity must, of course, in the first instance, be acquired in the class-work of operative surgery and at a later period in dispensary and hospital work or in private practice. The surgeon who is noted for skill in the treatment of this class of cases gains a reputation which will be of high value to him in other departments of surgery.

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This work is especially useful, inasmuch as the wide experience of the author has enabled him to cast it in a more personal style than is always the case in such treatises. In preparing the present edition he has availed himself of any suggestions or procedures which give promise of being useful. The illustrations are of the highest class.

Uric Acid as a Factor in the Causation of Disease. A Contribution to the Pathology of High Blood-pressure, Headache, Epilepsy, Mental Diseases, Paroxysmal Hæmoglobinuria and Anæmia, Bright's Disease, Diabetes, Gout, Rheumatism, and Other Disorders. By Alexander Haig, M.A., M.D.Oxon., F.R.C.P., Physician to the Metropolitan Hospital and the Royal Hospital for Children and Women, etc. Fifth Edition. With 75 Illustrations. Philadelphia: P. Blakiston's Son & Co., 1900.

Dr. Haig's work covers a field of much interest. It has been before the public long enough and deals with its subject so thoughtfully and forcefully as to have occasioned much discussion. The causes and effects of lithæmia are studied in this work in an original manner, and the multifarious effects produced by uric acid in excess and retained within the system are portrayed with decided skill. The evil consequences of heightened blood-pressure are delineated with a graphic pen. The genesis of lithæmia, gout, rheumatism, and allied states of the blood are undoubtedly responsible for much suffering, disease, and pathological alterations of tissue. Haig has pursued these protean manifestations to their source, and indicated to us at once their cause and the methods by which they may be relieved. He has been accused of making too much of the rôle of uric acid in the generation of disease, but tells us that it seems to him he has not sufficiently expounded its part in the production of morbid conditions of the blood and tissues. However that may be, and although some may not be prepared to follow the writer in all his conclusions and deductions, all must acknowledge that his work throws light upon many a problem which was hitherto obscure. To have accomplished this object is well worth the effort.

The book is pleasingly written, contains numerous clinical histories in illustration of the ideas advanced, and is, in all respects, one which deserves attentive study.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc. Assisted by Charles Adam Holder, M.D., Assistant Demonstrator of Therapeutics in the Jefferson Medical College. Volume III. September, 1900. Diseases of the Thorax and its Viscera, including the Heart, Lungs, and Blood-vessels—Diseases of the Skin—Diseases of the Nervous System—Obstetrics. Lea Brothers & Co., Philadelphia and New York, 1900.

With the general scope of this helpful publication our readers are acquainted. The subjects treated of in this volume are sufficiently indicated in the title-page. The preparation of the pages relating to the departments named has been intrusted to well-known gentlemen, who are specially interested in these branches, devote the bulk of their time and activity to work within such limits, and are, for these reasons, particularly qualified to note what advances have been made and to select especially those which possess merit or are capable of being practically useful in treatment. Such a work as this brings to the most distant country practitioner the gist of the libraries of the world. Time, which the hard-working rural practitioner has not at his disposal, has been freely given in order to prepare a serial which selects, condenses, and digests all publications of value issued from the presses of all the nations of Christendom.

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COMMERCIAL NEWS.

SKIN-GRAFTING.

By T. J. Biggs, M.D.,

STAMFORD, CONN.

Samuel Coen, a German, aged 21, came, September 20, 1895, showing a surface $2\,^{3}/_{4} \times 3\,^{1}/_{2}$ inches denuded of the fascia, in consequence of an injury received six months before. He had been treated at various institutions without result. The ulcer would partially heal, remain stationary for a week or ten days, and then break down and return to its original size. It had been skin-grafted, or, rather, this had been attempted, twice, but in both cases all the grafts died.

After two days of preparatory treatment with bovinine, I commenced skin-grafting after my latest method, first thoroughly cleansing the surface with wet Thiersch solution for forty-eight hours, when it is usually in a healthy condition ready for grafts. The grafts being now deposited on the surface, four layers of plain, sterilized, absorbent gauze are laid over the grafts, carried around the leg, and sewed. I allow this dressing to remain on for ten days, constantly feeding the graft, through the gauze, by keeping it saturated with bovinine and salt water, 2 to 1. This method proves quite as effective as changing the dressing, with rubber tissue to hold the grafts in place, while it has the great advantage of allowing no chance of a single graft's being disturbed before it has become firmly fixed.

In this case, four minute grafts, of the diameter of a small pea, were distributed over the surface of the wound, covered and fed with bovinine-blood as above described, without change for ten days. On examination at the end of that time, all the grafts were found, not only immovably fixed, but grown by one-third of their diameter. Thenceforward the surface was dressed every other day with plain, sterilized gauze soaked in bovinine, covered with oiled silk, and bandaged. October 2d, twelve days from the start, the patient was discharged with a complete cure.

Treatment of Diabetes Mellitus.

Benson (Dietetic and Hygienic Gazette) records a typical case of diabetes mellitus in a railroad employee aged 48 years. The patient had been ailing for some time and was under treatment for gastritis. For six months he had been failing in flesh and strength, and at the time when treatment was inaugurated was voiding about sixteen pints of urine; specific gravity, 1.060; and containing a large quantity of sugar. Lithiated hydrangea was prescribed in teaspoonful doses every four hours and a diet restricted to gluten-bread, fish, poultry, eggs, spinach, cabbage, string-beans, milk, and fish bouillon. As a result he improved rapidly. His urine gradually became practically normal in every particular. At the end of the third week of treatment only a trace of sugar was found. The patient returned to his work, but continued using only the antidiabetic diet. Occasionally, when strongly tempted, he indulged in the ordinary dining-car bill of fare and always suffered the consequences. In such event he promptly returned to the course of medical treatment prescribed and was always benefited. When the report was made he was as fleshy and strong as ever, but was still using only gluten-bread and occasionally taking a short course of lithiated hydrangea.

Tuberculosis.

Dr. Osler, of Johns Hopkins University, in a recent paper stated: "Arrest or cure of tuberculosis is a question entirely of nutrition, and the essential factor is so to improve the resisting forces of the body that the bacilli cannot make further progress, but are so hemmed in that they are either prevented effectually from breaking

(Continued on Advertising Page 18.)

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CLINICAL REPORTS

GASTRITIS.—"Eskay's Albumenized Food has proven to be all that is claimed for it. It is easily assimilated, very nourishing and strengthening. Having tried it on myself, a sufferer from nervous prostration and chronic gastritis of two years standing, I can with all confidence recommend it as a food par-excellence for the nutrition of the sick."
Dr.———, Mich.

MARASMUS.—"I used Eskay's Albumenized Food for a child six months of age, suffering from marasmus, where other foods had been tried but regurgitated. Eskay's, however, was retained, has been used ever since, and the child is thriving well." Dr.———, New Jersey.

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Clinical experience has demonstrated beyond a doubt that Angier's petroleum emulsion with hypophosphites fully meets the foregoing conditions. Its efficiency in relieving the distressing cough of phthisis has been recognized from the first, but it is only within recent years that the medical profession has begun to fully appreciate the importance of its action in the digestive area and its powerful influence upon the nutritive processes. Stimulating the appetite, antifermentative, soothing, healing, it not only checks noxious chemical fermentation and the absorption of such noxious fermented residuum of digestion in the blood, but it soothes and cleanses the entire mucous surface, producing a more healthy tone and power of assimilation, and leaving the digestive organs in a condition to better perform their natural functions. With the improvement of the process of digestion, assimilation, and nutrition, the condition of the diseased lungs must, of necessity, improve.

The Effect of Codeine.

The Medical Record (March 3, 1900) quotes the following from an article by Dr. G. J. Lochboehler in the Journal of the American Medical Association (December 2, 1899): In epidemic bronchitis codeine is a valuable remedy for the relief of the harassing pain of the cough, and, when combined with one of the coal-tar antipyretics, the analgesic effects become more pronounced. It is a favorite drug in the cough of phthisis and chronic bronchitis, and its sedative influence is highly satisfactory, clinical data having shown it to be the best *succedaneum* for opium. Another advantage of codeine over morphine derivatives, and one of special value in bronchial affections, is that the patients not only cough less, but also expectorate more easily than after taking any of the morphine derivatives. The cough-dispelling power of codeine is such as to make it indispensable in phthisical patients, and a point of great importance in these cases is that it does not impair the appetite or digestion, never produces nausea, and can therefore be used uninterruptedly for months. For the many bronchial and laryngeal neuroses, the exhibition of codeine in combination with antikamnia (antikamnia-and-codeine tablets) meets with well-merited sanction.

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(Continued on Advertising Page 20.)

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Much has been written regarding the effects of substitution; however, we doubt if the physician has carefully considered how this evil directly affects him. For instance, if he has been in the habit of prescribing some well-known and reliable remedy, from which he has derived most satisfactory results, there may possibly come a time during his experience when the preparation seems to lose its former action; when this takes place he usually attributes it to be deterioration of the remedy or the physiological condition of the patient. Yet, if an investigation were made, it would be found that some unscrupulous person had substituted an article, which he claimed was "just as good and cheaper." It is a well-known fact among the pharmaceutical trade that, as soon as certain remedies have proved their value they are immediately imitated by other manufacturers, who hope to thus gain the benefit of the reputation and effort made by the manufacturer of the legitimate article. We have at this time a particular case in mind. Owing to the popularity of Micajah's medicated uterine wafers, which is based upon their therapeutic efficiency, a host of imitators have sprung up. These pirates not only use similar sounding names, but bodily appropriate the literature pertaining to Micajah's wafers, and insert their name in place of the original name. Caution should be exercised that, in prescribing a uterine wafer, "Micajah's" should be indicated, and not a substitute.

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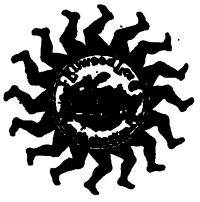

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Physicians desiring to experiment may obtain from Armour & Company samples of their preparations.

Messrs. Armour & Company showed at the Paris Exposition their pepsin, pancreatin, thyroids, suprarenal capsules, extract of beef, and soluble beef, and were awarded a gold medal.

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Lawrence (Medical Brief, April, 1900) gives, as the best treatment for cancer and the cachexia attending it, teaspoonful doses of ecthol four times daily in conjunction with alterative doses of iodide of arsenic. The latter should be administered in doses ranging from $^1/_{60}$ to $^1/_{30}$ grain three times a day and continued for a long period. Ecthol contains the active principle of thuja, which is accorded specific value in cancer. The treatment outlined is aimed to cause absorption of the cancerous tissues.—Medical News.

An Additional Honor.

We have just been advised of the award by the Judges of the Paris Exposition, to Messrs. William R. Warner & Co., of Philadelphia, New York, and Chicago, of the highest medal prize for their justly-celebrated pharmaceutical products. This makes the seventeenth World's Fair highest prize which has been awarded this well-known and justly-celebrated firm, and we join in congratulations to Messrs. William R. Warner & Co. over their well-merited and unbroken line of victories in competition with the world's manufacturers.

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(Continued on Advertising Page 24.)

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of the Keasbey & Mattison Company, of Ambler, Pa., whereby meritorious students, who are likely to become useful, progressive members of the pharmaceutical fraternity, may after successfully passing a competitive examination, and producing satisfactory evidence of ability before the committee of the college, become entitled to free tickets for all the lectures. The scholarship thus established embraces all the branches taught in the college, and has been created through the desire of Mr. Henry G. Keasbey and Dr. Richard V. Mattison, both of whom are graduates of the Philadelphia College of Pharmacy, to lend a helping hand to some of the hard-working young men who have chosen the practice of pharmacy as their life-work, trusting that the knowledge thus placed at their disposal through the generous thoughtfulness of Messrs. Keasbey & Mattison may not only benefit its recipients, but that they will feel morally bound to help others in the business who may be less fortunately situated than themselves, and the honor and usefulness of the profession be thereby enhanced. All persons desiring to avail themselves of the privileges of the scholarship should address the dean of the faculty, Prof. Joseph P. Remington, 145 North Tenth Street, Philadelphia, at once.

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXII. PHILADELPHIA, NOVEMBER, 1900. No. 11.

Clinical Lecture.

SYCOSIS.—SEBORRHŒA.—CHLOASMA.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

CASE I. SYCOSIS.

GENTLEMEN: A man, 30 years of age, presents himself to us this morning, seeking relief from an unsightly eruption which has been in existence upon his face for nearly four years. He is of the opinion that the trouble is due to shaving. It began originally as a papule. This, and similar lesions which have since formed in abundance, was penetrated by a hair. The papules soon become the seat of suppuration. Under the chin and upon the neck the skin is red, engorged, studded with many papules and pustules. The lesions are particularly numerous and distinct upon the chin. Each papule and pustule is pierced by a hair, and this fact at once sheds light upon the nature of the case, for it indicates to me that the hair-follicles are involved. I furthermore observe that, although the hairs pass through the lesions, and that many are matted together by the pus with which they are saturated, nevertheless the hair is not in itself diseased. This is a diagnostic point of importance. Where the hair is free from pus, as it is in some situations, we can demonstrate that the shafts are intact, strong, elastic, and polished. This is a remarkable circumstance in a case which has lasted for four years. If, however, I pluck a few hairs, I find pus adherent to the roots. When the pustules rupture and their contents lie upon the surface the fluid soon dries into crusts. The man tells me that the affected surface is the seat of sharp, darting, prickling pain and that it itches. Our patient considers himself in good general health. He has never thought of losing a day's work on account of the disfigured condition of his face, although it is a source of bitter mortification to him. Now, gentlemen, we have already learned some facts which will aid us in identifying this disease. It is located upon the face; it is supposed to have been contracted in the barber-shop; hair-follicles are implicated; the lesions consist of papules, but principally of pustules, the escaping pus of which constitutes crusts; the skin in this region is red, swollen, and infiltrated; and yet, at the same time, surrounded by all this morbid action, and the very bed in which they rest being invaded, the hairs remain unaffected. We may likewise note that only those parts which in men are naturally more or less plentifully provided with hair are in a state of disease. Noth-

[1] Delivered in the amphitheatre of the Medico-Chirurgical Hospital.

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ing ails the forehead of this man, for instance, or the nose, which is so frequently attacked by cutaneous disorders. Therefore, it is fair for us to infer that this malady, although it spares the hair, must be closely related to disease of the hair-follicle.

Some of you may now be disposed to ask: is this, then, a case of barbers' itch?

This is a question which will naturally arise. Barbers' itch is acquired by contagion, and it affects the hairy part of the face. Here, however, its resemblance to the present case ends. In tinea sycosis, which is the scientific name of barbers' itch, the earliest manifestation is a small, red, scaling spot. This spot enlarges, grows into a patch, is of a circular form; the hair is dry, lustreless, and spontaneously breaks as it leaves its bed, giving to the surface a curious nibbled, rough, ragged aspect. These features are entirely absent in this man's case. We may safely conclude that we are not now dealing with tinea sycosis. There is no syphilitic element here, no symmetry, no copper color, no polymorphism. It has not the characters of eczema or acne. The case, in fact, is one of sycosis. Tinea, you are aware, is a parasitic affection, produced by a microscopical fungus known as the trichophyton. The presence of this growth is pathognomonic, and renders barbers' itch, or ringworm of the bearded portion of the face, emphatically a contagious disease. The use of the microscope gives us ocular demonstration of the presence or absence of this organism, and, if, in any case, there is doubt as to its nature, a resort to this test will settle the question. If it were applied to that now in the arena we should fail to detect the parasite of which I have spoken. We should find only the ordinary organisms of suppuration: streptococci or staphylococci. Sycosis is, therefore, not a contagious disorder in the accepted sense of the term. It is communicable by contact whenever the pus-germs are deposited upon a susceptible integument. For this reason sycosis may be, and often is, contracted in the barber-shop. The irritation of the skin by shaving, more particularly that rasping close shave in which so many men seem to delight, may very well prepare a soil suitable for the growth of pus-germs. The microscope also demonstrates to us this fact: that in such close shaving epithelium is scraped off and the oozing surface is left open to attack by bacteria of various kinds.

Sycosis is an inflammation which primarily begins around, outside of, the hair-follicles. The products of inflammation burst into the follicle, and the pustule gradually approaches the surface. The occurrence of this disease is favored by a depressed condition of the system, and we generally find in such patients some impairment of the health. This man states that his appetite is good, his digestion unimpaired, and his bowels regular. He has never had any rheumatic symptoms. He smokes, but does not drink. I would advise him to stop the use of tobacco.

Case II. Sycosis.

A second man, aged 27 years, has an eruption upon the cheeks, chin, and upper part of the neck. It has been in existence for three months, but two years prior to its advent he suffered from similar lesions in the same situation. There was at first considerable itching, but that symptom is now only occasional. Upon the affected region we perceive numerous pustules, through which the hairs emerge precisely as they do in the first man's case, and, indeed, the disease is the same in both individuals. I need not, therefore, linger on the points of diagnosis. This patient also regards his general health as good.

From the examination of these two men we have learned much already concerning sycosis. The disease chiefly attacks the face, although it may occur on other hairy parts. It begins with papules or pustules,

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which stand apart in the beginning, but, as they increase and multiply, may become aggregated into patches. Tubercles may also develop. The pustules do not always rupture. When they do break, the surface, of course, becomes more or less covered with crusts. Smarting, burning, prickling, stinging, and itching sensations are common. Cases differ much in severity. In some the lesions remain discrete and are comparatively few; in others they are abundant and confluent. The pus sometimes burrows deeply, causes abscesses, destroys hair-follicles, and, consequently, permanent loss of hair. The last result, however, is unusual. The hair is generally preserved or reproduced. When the hair is long and thick and pus is poured out plentifully upon the surface a very repulsive appearance is presented. The disease is most common between the ages of twenty-five and fifty. It is often a troublesome affection to manage, and repeated attacks are by no means uncommon.

Treatment.

Most cases of sycosis are benefited by a union of constitutional and local treatment. It is important that the patient should be careful in the choice of food. He should live upon plain, well-cooked, nutritious, and digestible food. If indigestion is habitual, we should diligently search for its cause and treat it upon general principles. The vegetable bitters, the mineral acids, the digestive ferments, and intestinal antiseptics are remedies which are administered in accordance with the indications of each individual case. If the patient is anæmic, we must give him iron. If the nervous system is at fault, arsenic, phosphorus, and codliver-oil are of advantage. Massage and electricity answer a useful purpose.

Both franklinism and galvanism are beneficial. Electricity stimulates the local circulation and absorbents. The local treatment should not be rough. The hair may very serviceably be cut as short as possible, but I am no believer in shaving or epilation, unless the hairs have been so loosened by the suppurative process that they can be easily and painlessly extracted. Otherwise these practices simply add to the inflammation. If crusts are abundant, they can be removed by poultices or an oil dressing. Our applications may be made in the form of lotions, oils, or ointments, and what suits one case will not always be agreeable or serviceable in another, and in the more acute stages or forms of the malady we should always begin with mild applications. It is much more easy and satisfactory to increase gradually the strength of a preparation than to commence with a remedy which is too strong, aggravates the disease, and perhaps shakes the faith of the patient. Among liquids I have often employed lead-water and laudanum; weak solutions of hamamelis, of zinc acetate, sublimate, boric acid, salicylic acid, or resorcin. The oil of ergot, olive-oil, codliver-oil, and the fluid oleate of mercury are of benefit in this disease. As suitable ointments I may name those containing zinc, lead, bismuth, carbolic acid, naphthol, and sulphur. In chronic cases with thickening of the integument by inflammatory deposits it is useful to open the pustules and incise the surface, promoting the flow of blood by freely mopping the part with warm water.

Applying these general principles to the individuals before us I shall instruct both as regards the habits which they should adopt in order to render efficient assistance to the medical treatment which I shall prescribe, for I wish to impress fixedly upon your minds that a physician should not be merely a man who prescribes medicine. He should know how to advise his patients wisely in all matters conducive to their physical welfare.

Our first patient shall be ordered, as an external application:—

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℞ Creasoti, *m*xv.
Hydrargyri ammoniati, gr. xv.
Olei eucalypti, *m*x.
Unguenti zinci oxidi benzoati, ℥j.

M. This ointment should be well rubbed into the affected surface night and morning. For the present the skin can be cleansed with oil. After a time, as he improves, he can use a tar soap.

Internally he shall take:—

℞ Acidi arseniosi, gr. $^1/_{20}$.
Ferri pyrophosphatis, gr. j.
Extracti nucis vomicæ, gr. $^1/_{10}$.

One such pill to be taken after each meal and at bed-time.

In the second man's case I shall rely on electricity alone in the form of galvanism, in order that you may have an object-lesson concerning the value of this natural force. He shall receive applications of the galvanic current thrice weekly, beginning with 10 milliampères and gradually increasing to 20 and 30.

Internally he shall have:—

℞ Calcii sulphidi, gr. ss.
Antimonii et potassii tartratis, gr. $^1/_{20}$.
Ferri pyrophosphati, gr. j.

One such pill to be taken three or four times a day. Lime is a constant constituent of the tissues and blood, acts on the secretions, and promotes removal of the infiltration. Tartar emetic reduces inflammatory action, diminishes vascular activity, and has a beneficial nutritive effect upon the skin. The iron will favor the production of red corpuscles.

Seborrhœa and Chloasma.

Before the second patient is dismissed I can occupy the remainder of the hour in calling your attention to the co-existence of cutaneous diseases illustrated in his person. Quite often I have occasion in this clinic to notice such an occurrence. This individual exemplifies three totally distinct and independent disorders. His scalp is dry and full of whitish, greasy crusts. This is a functional disease of the sebaceous glands of this locality and is called seborrhœa; that is, an excessive and altered secretion. The sebum, or sebaceous secretion, is a fatty, semifluid substance, which helps to keep the skin soft and the hairs lustrous. In one variety the superabundant secretion dries upon the surface to form such crusts as we see upon this man's head, and this species of the disorder is termed seborrhœa sicca, or dry seborrhœa. The vitiation of the secretion interferes with the normal nutrition of the hair, and in the dry form the crusts interpose a mechanical obstacle to the capillary circulation of the parts. In a second variety of the disease the sebum is poured out and remains upon the surface as an oily smear, and this is known as seborrhœa oleosa, or oily seborrhœa. The second form is more common upon the face. The oil may absorb dust from the atmosphere and communicate a very dingy aspect to the skin. The crusts of seborrhœa should not be mistaken for the scales of psoriasis and some forms of eczema, as they are evidently composed largely of fatty matter, and when they are removed the skin is generally found to be pale. There is no other discernible lesion in seborrhœa. The disorder may be due to morbid conditions of the system or it may be the result of local influences, as exposure to heat and cold, uncleanliness, the use of pomades, etc.

In treating this disease we need to correct, as far as we can, any deterioration of the general health, remove the crust by means of a simple or medicated oil (that of ergot, for instance, answers an excellent purpose), and when the site of disease is cleared apply some mildly stimulating lotion, which, particularly in the oily form of seborrhœa, is more satisfactory than an ointment. Our lotions may contain borax,

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sodium bicarbonate, a weak solution of a vegetable acid, resorcin, etc.

Upon the back of the man's neck are seen some spots of a third disease. They are of a faint, brownish-yellow hue and bear more resemblance to tinea versicolor than to anything else with which they may be confounded, but the surface in tinea is covered with fine scales, whereas here the discolored skin is perfectly smooth. This is an alteration of the pigment deposited in the mucous layer of the integument. It is named chloasma, and the shade varies widely in different cases, being sometimes yellowish and in extreme instances almost black. Patches of chloasma differ much as regards size, also, sometimes, as in this case, involving only small areas, while in others the affected region may be large in extent. Chloasma may depend upon local or systemic causes. Among the former are included agencies which attract the blood to the surface, as injuries, heat and cold, friction, the action of chemicals, blisters, etc. Chloasma may be one of the slighter evidences of such serious diseases as tuberculosis, cancer, malaria, etc., and it is very apt to occur in connection with ovarian or uterine disorders. It is not uncommon in pregnancy. We use, in fact, the title chloasma uterinum to designate this association.

If chloasma is symptomatic of internal maladies, we must seek to remove or relieve, as far as may be in our power, the fundamental disease. The principle of local management is to destroy outright the epiderm which holds the abnormal deposit of pigment. In seeking to accomplish this object we must avoid the employment of mustard plasters, blisters, and all such agents as are liable to produce pigmentation, as they will only increase the trouble. A solution of 5 grains of corrosive sublimate to the ounce of water is cleanly and efficient. Acetic or carbolic acid applied directly to the spot will remove the abnormal color.

Original Communications.

THE STRAIN OF MODERN LIFE.

By John V. Shoemaker, M.D., LL.D.

Mankind are, physically speaking, mere bundles of specialized nerves, acting and being acted upon by the external world. That world is plunged in an atmospheric bath, in which they are subjected to heat, light, electricity, magnetism, and their concomitants: wind, dust, rain, and many other agencies. In addition, their nervous systems encounter through life alternating tensions of hope, disappointment, pleasure, joy, and pain. And besides all this is often the added burden of habits of living born of ignorance or disregard of natural laws.

It is no wonder, then, that the mimic death in sleep should be indispensable for the refreshment of the human organism, to enable it to withstand to the best advantage the touch of disease, decline, and death. It is no wonder that, under these conditions, the span of human life is no longer than it is. Of its general increase with sanitary knowledge there would seem to be no reason to doubt; but that, with that increase, have come greater nervous excitability and corresponding diseases there would seem also no reason to doubt. Some years ago an investigation by physicians of London went to show that the nervous strain of journeying to and from the city every day diminished longevity. The vibration of cars, once suggested as the cause, is inadequate to account for the consequence. It is to be found in the unremitting activity of brain to which, awake or asleep, the nervous system is subjected. To men so situated, the refreshment of sleep is lessened, and "the intensive life," as Dr. Hufeland called it, is not husbanded with the strictest economy.

It would be inconsistent with knowledge of evolution not to hold that now, as formerly, all life must at every instant and

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stage tend to conform to exterior conditions. Now, it is undeniable that the relation of human life to those conditions has markedly changed within thirty years. Human life, within the confines of the highest civilization, is now struggling to keep pace with conditions which its own agency has produced. Instead of the world's being represented, as formerly, by slight intercommunication, it is now momentarily in correspondence throughout its extent, and these closer relations of the present as compared with those of the past have the same effect as though the earth had collapsed to a fraction of its size. The foundations of society, as for centuries maintained, have been swept away. The struggle for wealth has become almost universal.

Modern society is, in its superficial aspect, a phantasm of arriving and departing forms. World-wide has appeared irreverence for things formerly sacred in the minds of men. For the first time in history there is sentiment for the wrong-doer and less for his victim. Side by side, however, with various anomalies, stands out in the most splendid relief the munificence of individual and associated men in the establishment of everything that may tend to the amelioration of the condition of mankind in their mental, moral, and physical welfare. Hospitals, schools, colleges, libraries, museums, homes, parks, are all given with lavish hands by philanthropy. Liberality of thought, too, has marched so far that its progress is manifest for the first time in the history of the world.

It is with the maelström of emotion generated by all this change and its consequences that the nervous system of men and women is called to reconcile itself. The present tendency is to swarm toward the industrial and social centres of population. With this comes concentration in the human hive. The diversity of sensation during the day—that is, the vibrations therefore set up in the nervous system—are a hundredfold what they were thirty years ago. In the busiest centres human beings live in a cacophony of sounds, and at any moment may be obliged to run the gauntlet of some danger. Life comes down pretty much to what, in "Eothen," Kinglake's pasha interpreted European civilization to be, as "whirr, whirr, all by wheels; whiz, whiz, all by steam."

Through the working of physiological law, sensibility becomes blunted with age. Consequently it is not the aged who have most felt the recent increased pressure of civilization in its modified form. It is not they, relatively, who suffer from nervous prostration and other evils, direct and indirect, attendant upon loss of nervous tone, in illness, stimulation, and narcotism. It is the comparatively young of both sexes, engaged in the whirl of pleasure or of money-getting, who suffer most. There is even exhaustion of vitality under the plea of healthful exercise, so much do novelty, example, and fashion tend to excess. But now, as in the time of Emerson, and ever, a continuous round of excitement sought for pleasure as an end fails of the health and satisfaction that come with plain living and high thinking in the palaces that reasonable employment and converse with the best thought of the living and dead raise by their magic in the mind.

What is to be the outcome of the present rush no one ought to be presumptuous enough to attempt with certainty to predict. The only thing certain is that the present generations, not being in exact harmony with the present exterior conditions, are now suffering from what will perhaps be removed by a future adjustment of their inner to their outer world. Only the future can, through that adaptation, decide to what degree the present phase of civilization is reconcilable with the highest mental, moral, and physical health and longevity of the human race.

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ASPIRIN: AN IMPROVED SALICYLIC ACID.

By George A. Hewitt, M.D.,
PHILADELPHIA.

The introduction of salicylic acid into the therapy of rheumatism was a distinct step in advance. To the practitioners of that day the new remedy came almost in the light of a revelation. The rapidity with which it usually relieved the pain and reduced the swelling entitled it to be regarded as approximating the character of a specific. When experience revealed the fact that the acid was an irritant to the stomach its action was mitigated by its union with sodium, forming the sodium salicylate, which soon superseded the uncombined acid in the treatment of rheumatism, its allied states, complications, or consequences. As time rolled on and the salt was more and more extensively used it was learned that, although of conspicuous value, sodium salicylate, like many other powerful agencies, possessed certain disadvantages. Like the acid itself, it was liable to derange digestive functions, to produce buzzing or ringing in the ears, to cause headache, and to depress the action of the heart. It did not prevent cardiac complications or relapses.

Consequently, if a substitute could be found for salicylic acid or if that substance could be so modified in composition and properties as to retain its virtues while freed from its defects, it is obvious that another step forward would be taken and that we should at last approach more nearly, if not actually obtain, the ideal remedy.

Such an improvement has been given us in a substance which is produced by the action of acetic acid anhydride upon salicylic acid. This product which, for the sake of convenience, has been termed aspirin, occurs in the form of white needles, is scarcely soluble in acid media or water, but dissolves in alcohol, ether, and alkaline fluids, in which, however, it is decomposed, forming acetic and salicylic acids. It has an agreeable, acidulous odor and taste. Aspirin undergoes but little change in the acid contents of the stomach, but is decomposed in the small intestine, with the liberation of salicylic acid in the nascent state. The acetic acid generated at the same time combines with the alkalies present in the intestinal juice to form sodium and potassium acetates.

As a result of its chemical qualities aspirin exerts no irritant action upon the stomach, does not impair the appetite, excite nausea, nor disturb the digestive process. Passing through the stomach without alteration, it is free from one of the disadvantages of salicylic acid. The physiological action of aspirin is closely akin to that of salicylic acid, but the former is not apt to excite headache or ringing in the ears, and does not reduce cardiac energy. In fact, as has been shown experimentally, aspirin increases the force of the heart's beat.

From this brief description of the properties and action of aspirin we are led to conclude, and clinical evidence fully corroborates the inference, that this new remedy must be of special value in the treatment of rheumatism, particularly of the acute and subacute articular varieties and, above all, in cases attended by cardiac complications. It reduces swelling, pain, and temperature. It has likewise been used with benefit in various muscular localizations of the disease, as well as in sore throat, tonsillitis, neuralgia, and other manifestations dependent upon the same dyscrasia.

Aspirin is given in doses of from 5 to 20 grains, and, indeed, considerably larger amounts have been administered with safety and success. An efficient plan is to give several 10-grain doses at hourly intervals until a decided impression is evident, when the intervals may be gradually extended as improvement continues. Owing

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to its insolubility in water, it is best given in powder form, rubbed up with sugar, or inclosed in a wafer or capsule.

In illustration of the clinical value of aspirin I append the histories of a number of cases representing different types and phases of rheumatism, in which it was employed with signal success.

Case I. Acute Rheumatism.

A man, 50 years of age, robust and plethoric, belonged to a family in which various manifestations of lithæmia were common, had several times during his life suffered from slight attacks confined to single joints, accompanied by severe pain on movement, but without much swelling or febrile movement. Finally, however, the disease manifested itself in an acute form. He was suddenly seized with extreme pain in most of the larger joints, as shoulders, elbows, wrists, knees, and ankles. All these joints were considerably swollen and the overlying skin was red and hot. The general temperature rose to 103°. The urine was scanty, high colored, and laden with urates. There were no casts or albumin. On the third day he became conscious of pain in the region of the heart, with a feeling of distress and difficulty in breathing. Auscultation revealed pericardial friction-sounds, and subsequently the signs of effusion were present. Sodium salicylate had excited nausea and vomiting. At this crisis it was resolved to try the effect of aspirin. The result was full of promise. The remedy was tolerated by the stomach, and, in view of the emergency, six doses of 15 grains were given each hour. At the end of this period amelioration was evident. No depressant action upon the heart was observed, but, on the contrary, the pulse had become stronger and more regular, the breathing was deeper, the sense of distress and anxiety was relieved, and the pain in the articulations was appreciably alleviated. Encouraged by this improvement, the remedy was continued, but the interval was lengthened, at first to two and subsequently to three hours. By the end of the third day of this treatment the man was free from intense pain, the tumefactions were conspicuously reduced, and the patient entered upon a convalescent stage, during which the pericardial effusion was absorbed. He eventually recovered without persistence of any signs pointing to disease of the heart or its envelope.

Case II. Subacute Rheumatism.

The patient was a man, 30 years of age, of mediocre physical development and strength, who was found shivering over a grate, the picture of distress. He had a moderate degree of fever, his pulse was soft and compressible. He had been suffering for several days from pain in the shoulders and elbows of both sides and in one ankle. He had, however, heretofore been able to attend partially to his business, but had reached the end of his endurance. His appetite was entirely gone, and the mere idea of food filled him with disgust. His bowels had been sluggish for a week, and for the last few days there had been no movement. He suffered from a dull headache,—"stupefying," to use his own expression. His breath was offensive and his tongue one of the foulest I have ever seen. In many of these cases of subacute exacerbation of a chronic condition there is every marked derangement of the digestive apparatus and every condition favorable for auto-intoxication.

This patient was immediately ordered to bed, and as a preliminary measure 6 grains each of calomel and sodium bicarbonate were given. The medicine excited some vomiting, but it acted efficiently upon the bowels, and was followed by a Sedlitz powder. By the next morning the tongue exhibited some sign of improvement. The dull and confused feeling in his head had vanished. He was now placed at once upon aspirin in 10-grain doses every two

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hours. In the evening he felt somewhat better. The articular pains were decidedly less severe. A second Sedlitz powder on the evening of the second day of attendance maintained the activity of the bowels, and the tongue began unmistakably to clean. The aspirin caused no nausea or depression. On the morning of the third day the pains were absent and the patient commenced to have some desire for food. He was allowed a simple diet, consisting principally of milk and farinaceous articles, and thenceforward the amelioration was uninterrupted. By the fifth day the aspirin could be reduced to 10 grains thrice daily, and at the end of a week the patient was able to sit up and in a few more days he could walk. He was soon able to resume his occupation. There was no implication of the heart in this case.

Case III. Muscular Rheumatism.

A young man, aged 23 years, who had never before experienced the slightest symptom of rheumatism, was suddenly seized, after unaccustomed exposure to damp and cold weather, with intense pain in the shoulder, arm, and forearm. The shoulder-joint was no doubt involved to some extent; there was slight swelling; but the muscular element was decidedly predominant. The patient could scarcely sit, stand, or move. There was but little constitutional reaction. The tongue was coated and the bowels constipated.

This young man was ordered, in the first place, to take a warm foot-bath, followed by a hot whisky-punch with 10 grains of Dover's powder and 5 grains of aspirin. Three hours later he was given 10 grains of aspirin, after which he slept. On the next day the pains were much less severe, but had not totally departed. On account of the inactivity of his bowels 10 grains of blue mass were prescribed, to be succeeded by a dose of Rochelle salt. When the bowels had been unloaded the aspirin was continued in the same dose three times daily for two days, when the young man declared himself quite recovered and refused to stay in bed. He was advised to go on with the aspirin for three days. This order he obeyed, and at the end of that period reported that he was entirely well and had no more need of medicine.

Cases IV and V. Lumbago.

These two cases can be grouped, as they were very similar. They occurred in the persons of two brothers, both vigorous men of nearly the same age, respectively 35 and 38 years. They had been reared in the country and, as a rule, had always enjoyed excellent health. The older, in particular, was of exceptional strength, blessed with a hearty appetite, very fond of the pleasures of the table and, in general, of good digestive power. This man—Case IV I will call him—had for a year or more experienced sudden, sharp, sticking pains in the lumbar region. The suddenness and severity of the attack entirely incapacitated him for a time. The seizure did not last long, but, in addition to the pain, he was annoyed and troubled, by being even temporarily disabled, on the public streets, perhaps, and having to bend over and support himself, "like an old man." Moreover, he thought that his unpleasant experience was gradually becoming more frequent.

In the younger brother—Case V—the symptoms corresponded more closely to the usual type of lumbago, or muscular rheumatism. The onset, though acute, was less sudden and unexpected. The pain was more continuous and of longer duration. The act of raising the body or moving about in bed was attended with great difficulty.

Both men belonged to a family of strongly-marked lithæmic tendency, and, although neither had ever suffered from well-defined acute inflammatory rheumatism, yet each had, at various times, been

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troubled by migrant articular or muscular pains and each had often passed an excess of urates in the renal secretion. Neither had renal disease. A knowledge of these facts led me to make a trial of aspirin. The result seemed to justify the diagnosis, for each patient was benefited by the use of the new remedy in 15-grain doses three times a day. Aspirin will not, perhaps, prevent recurrence of these aberrant forms of the rheumatic toxæmia any more than of the typical examples. It is scarcely logical to expect so much from this or any other remedy. Although a course of medicine may prove antidotal to infectious products or may antagonize toxæmia, yet it cannot produce a permanent impression. Deleterious products and medicine are both eliminated from the system, and the patient recovers, but the original causes of the disease may subsequently again become operative and another and succeeding attacks may be the outcome. It is less in the power of a remedy to prevent this recurrence than in the regulation of the personal habits as regards diet and exercise. By continuing the remedy in diminishing doses for a certain period after recovery and by instructions concerning proper regimen, etc., we may generally protect our patients against repeated recurrences, although we may not be able to secure absolute immunity. So it happened in these cases.

Case VI. Rheumatic Sore Throat.

A young lady of 25, a member of a markedly-arthritic family, particularly on the maternal side, had frequently suffered from joint and muscular pains, and had upon several occasions experienced mild attacks of inflammatory rheumatism. She was also subject to sore throat, sometimes in the form of pharyngitis and again of tonsillitis. The mother was likewise sometimes similarly affected. In all these attacks nothing was so productive of relief as a salicylate. Aspirin proved itself superior to the sodium salicylate in rapidity of action, and was unattended by the depressive effect and nausea which the older preparation produced in the daughter.

Case VII. Papular Eczema.

Aspirin proved remedial in a stubborn case of chronic papular eczema. It is a known fact that this, as well as other chronic cutaneous affections, may be due to a rheumatic or gouty state of the system. In such instances it is in vain to place the principal reliance upon topical measures. Constitutional treatment must be addressed to the underlying cause of the tegumentary disease.

A married lady, 37 years of age, had been afflicted from childhood with papular eczema. For long periods the skin might remain without a blemish, at other times a few patches might exist upon parts of the body, while at uncertain intervals an almost universal outbreak might occur. She was also subject to frequent twingeing pains of chronic rheumatism in muscles and joints. She suffered likewise from dyspeptic disturbances and neuralgia.

In the last distressing attack of eczema nearly the entire surface of the body was involved. The skin was red, swollen, infiltrated, and so scaly as almost to be suggestive of psoriasis. There was much itching, and the disease was accompanied by pain in the joints and limbs, pointing to its rheumatic origin. The face was so much disfigured that the patient was ashamed to be seen.

Aspirin was, in this case, of marked efficacy. It soon conquered the pain, and, although its influence upon the skin was less rapid, it nevertheless gave rise to visible improvement by the end of a week. The lesions manifested less activity, the color began to fade a little and the infiltration to yield. The remedy did not cause sickness of the stomach or other unpleasant drawbacks; so that the patient was encouraged to persist in its use. Improve-

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ment, once begun, proceeded steadily, and at the expiration of three weeks the skin was almost entirely free from disease.

Recovery was considerably more rapid than under the influence of any other substance which the patient had ever taken in attacks of equal severity. Local measures were, of course, used in conjunction, and presumably assisted in relieving the inflammation and itching and stimulating the absorbents, but external treatment alone is inefficient in such a case, dependent, as it is, upon constitutional causes.

PHYSICS OF HEART TREATMENT.

By Ephraim Cutter, M.D.,
new york.

Prologue.

The letter *s* is only a hiss of the lips, but makes the greatest changes in words. As a prefix, it turns liver into sliver, word to sword, laughter to slaughter, lick to slick, lumber to slumber, old to sold, cold to scold, our to sour, and he to she. As an affix it makes Mr., Mrs.; his, hiss; million, millions; physic, physics. *S* turns medicine into the realm of the natural philosophy of matter, and it is wished it might turn digitalis into the use of the relations of *position*, fluids, viscosity, presence of foreign bodies in the blood, action of gas in paralyzing, dynamics, nerve-force, cardiation.[1] In the summary of the advances of the nineteenth century I have seen no allusion to this subject and write, feeling that there is something to say which is of use.

Logue: Position in Heart Disease.

Example. — A middle-aged man came into our office by an elevator; pulse, 160; and respiration to correspond. A chair arranged like the letter L was there. He was put in it so that his back fitted the upright of the L, and his thigh and legs the horizontal limb of the L. By a worm-gear the chair was turned so that the lower limb of the L was nearly upright and the upright limb of the L was almost horizontal. In less than ten minutes his pulse was 80. Now, if there is anything in the materia medica that would do this I do not know it. The only thing to even pass with it was the raising of the pulse of a woman whose uterine fibroid I treated with galvanism by my method. Prof. H. M. Field, of Dartmouth Medical College, was present, and, as much had been said that there was no current in said galvanism, while both electrodes were three inches deep into the fibroid through the abdominal walls, I asked him to take the pulse. It was 80. Immediately on removing the plates from the solution he found it 70: its rate before the operation. Immersing the plates he found the pulse rose at once to 80. This was repeated, so there was no mistake, and this professor of materia medica said that there is no agent of the materia medica that will do this: another proof of the superiority of physics over physic as to heart treatment, galvanism being among the physics.

Remarks.—Now, what was it in the "position" case that relieved the pulse so wonderfully? It was the physics involving the principles of the department of blood-dynamics (hæmadynamics) analogous to hydrodynamics, or water in motion. When the above six-footer man came in, his heart was pushing the blood through the arteries to his feet through the capillaries $^1/_{3000}$ inch in diameter, then through veins against a blood-column pressure of his own height. In the chair position the heart-work in the arteries was increased, but decreased by adding the weight of a 3-foot column of blood and by taking off 5 feet of blood-column pressure. The heart, thus physically relieved of physical work, soon

[1] As we say cerebration of brain-thought, so may we say cardiation for heart-thought. There is evidence that the ganglia of the heart have an autonomy as the brain has.

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cardiated so as to beat only 80 in place of 160. The moral is: treat the weak heart so as to diminish one-half its work, if possible, and Nature will then cure, other things being equal. This is no new principle. Before the present paradise of lawyers it was common to see them resting their hearts and bodies by sitting in a chair, leaning backward with feet on the mantel-piece, and often spitting into the fire.

The L-chair above has relieved attacks of angina pectoris medicineless; also attacks of fainting, palpitation, etc., simply because the heart-work was brought down to a minimum. One of the severest cases of angina pectoris was cured and chair-physics was a large part of the treatment.

The physics of the blood-stream should be considered in the treatment of heart disease. Reference is made to the principle of removing causes, sustaining Nature, who will then cure if she has a chance. The heart is like a pump adapted to a fluid of a given density and freed from abnormal bodies. A common house-pump does not answer for molasses nor for water filled with eels, algæ, or small gravel-stones, unless made for them. The heart is intended to pump normal blood filled with red corpuscles, not sticky, not adhesive; discrete, separate or easily separated white corpuscles—single, not aggregated, not loaded with vegetations nor crystalline bodies in the fibrin-filaments, so fine as to be invisible to the highest powers of the microscope. With normal blood, other things being equal, the heart does its work normally. But when the density of the blood is increased,—by (1) the red corpuscles' being adhesive and sticky, drawing out like molasses-candy, massed in aggregations; (2) the white corpuscles enlarged, aggregated masses, filled with vegetation and foreign bodies; (3) the serum, thickened with visible fibrin-filaments, with massive fibrin-filaments single or in skeins, straight, looped, twisted into masses which show crystals in them, and with granular, massive, and crystalline bodies of oxalate of lime, of phosphate, of cystin, carbonate of lime, stellin, stellurin, rarely uric acid or urates of soda,—then the nerves of the heart cardiate that the heart must do more work to keep life agoing, and in so doing overworks and becomes diseased by hypertrophy for one thing, as blacksmiths' right deltoids grow large by hammering upon anvils.

What are the dictates of common-sense in this case? Are they to tone down said heart by sedation and leave its work undiminished when the heart has all it can do to carry its load? And yet this may be said to be the case with digitalis; in a measure, veratrum viride, and other cardiac sedatives. Is it not good physics to make the corpuscles normal, the fibrin-filaments normal, and to remove said gravels from the blood? Then with lessened friction the *vis medicatrix naturæ* will do the rest aided by such means as are known to strengthen said overworked heart—position, for one thing. Some morphologies of blood show such an array of sticky red and white corpuscles; such massive fibrin-filaments, single, multiple, straight, curved, twisted, thrombosed, such aggregation of gravels that it is a marvel the heart can maintain vital circulation, especially in rheumatism, tuberculosis, fibræmia—gout.

Now, how is this restored? Probably as follows: Hot water to dissolve the gravels, thin the serum, diminish the fibrin-filaments, and restore the corpuscles. If we can have but one means at hand, hot water is the best to select for these and other reasons. Stopping all fermenting foods, especially the carbohydrates. Feed a food that is *hearty*: *i.e.*, strengthens the heart. Everybody knows what that is. Preserve hygiene; oil the machine with medicines when needed. Husband the forces of mind and body. And, other things being equal, you are doing the best thing

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physically for these diseased conditions, as the writer can testify to from his personal experience.

The medical profession boasts of such great masters of physics as Helmholtz and Golding-Bird; surely it ought not to omit any of the therapeutical applications of physics!

120 Broadway, October 6, 1900.

Abstracts.

Caseation of the Contents of the Maxillary Sinus in Acute Empyema of that Cavity.

Dr. Avellis reports three cases of maxillary sinusitis terminating in caseation of their contents. Two of these cases were his own, the third has been reported by Hajek. They had lasted for several years, months, or weeks. A common characteristic of the three was the obstacle to the injection of the sinus on account of obstruction of the orifice. After injection a very fœtid pus escaped; it was thick and caseous. The surprising point in the cases, however, was that they were cured by a single injection. The water of succeeding injections returned perfectly clear. The cure was final; all the subjective and objective symptoms disappeared.

These cases, to which hitherto little attention has been paid, ought, according to the author, to be placed in a special category. The contents of the sinus is not, in them, an exudate, constantly being renewed from the inflamed mucous membrane, but an actual foreign body the removal of which immediately brings about a cure. In this event the inflammation and the purulent secretion are arrested; that is, the acute stage of the abscess has passed and only an external circumstance, the thickening of the secretion and the obstruction of the opening, prevents discharge of the remainder of the pus. This remainder undergoes fatty degeneration, decomposes, becomes fœtid, and irritates the mucous membrane like a foreign body, and hence fresh suppuration, which is arrested as soon as the foreign body is removed. The prognosis of this variety of empyema of the maxillary sinus is favorable. In order to avoid error, however, it is better not to form the prognosis until the day succeeding the injection and always to examine the pus under the microscope when there is a fœtid secretion and the injection is made with difficulty.—Revue Hebdomadaire de Laryngologie, etc.

Acute Osteomyelitis of the Sternum.

There exist in medical literature but eight cases of acute osteomyelitis of the sternum. Five of these cases terminated in death. In the case described by Dr. Koch recovery took place. The patient was a man, 30 years of age, free from personal or hereditary antecedents, who was suddenly attacked by violent pain in the epigastric region, with vomiting, high fever, and delirium. A physician, called two days later, diagnosticated left-sided pneumonia. At the end of eight days, however, the pain localized itself especially in the sternal region, while at the same time the skin became red and a fluctuating tumor appeared over the xiphoid appendix. The abscess was incised, and gave vent to greenish pus. Several days later another abscess formed near the right nipple and was opened in its turn. Fistulæ were produced and gave issue to a large quantity of pus. An operation, fifteen days after the commencement of the manifestations, showed that almost the whole body of the sternum was infiltrated with pus. The bone was removed entirely, and the wound, in which the pericardium could be seen, was tamponed with gauze. Bacteriological examination of the pus and sequestra revealed the presence of staphylococci. The patient recovered.—La Tribune Médicale.

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False Hæmoptysis of Naso-Pharyngeal Origin.

In the Section of Laryngology of the Thirteenth International Medical Congress, Dr. Botey, of Barcelona, read a paper in which he said that, with the exception of cases where an ulcer, malignant tumor, or traumatism may produce a hæmorrhage, the special literature indicates, under the head of pseudohæmoptysis, only rare cases of hæmorrhage from the larynx and rupture of varicose vessels of the lingual tonsil.

In reality, in most cases where a patient spits blood examination of the chest is negative, as the cause of these hæmorrhages is in the naso-pharynx. Within two years the writer had observed twenty such cases. In one patient examination of the nasal fossæ, the naso-pharynx, the base of the tongue, the larynx, and the chest was negative. The blood is derived from the posterior wall of the pharynx behind the velum palati.

These hæmorrhages are explained by anatomical reasons, which the author named in his paper. — Revue Hebdomadaire de Laryngologie, etc.

Malignant Endocarditis in Acute Articular Rheumatism.

In the Section of Internal Pathology of the Thirteenth Medical Congress M. E. Barié said that endocarditis complicating acute polyarticular rheumatism is generally simple and benign, but under certain circumstances it may take on the most serious character. This fact is due to a number of factors. In some cases it is caused by an acute dilatation of the heart, with insufficiency of the myocardium occurring in the course of endocarditis. In other cases the malignancy which the heart disease rapidly assumes may be due either to the rheumatic toxæmia dependent upon hypertoxicity of the pathogenic microbes or to their toxins, or to secondary infection ingrafted upon the initial endocarditis. Malignant endocarditis in acute articular rheumatism is, very fortunately, exceptional.

The cases collected by the speaker seemed to show that weakness, poverty, want, alcoholism, and lesions of the liver predisposed to this serious form of endocarditis.—Le Bulletin Médical.

Joint Disease with Spontaneous Fracture of the Pelvis and Femur in Locomotor Ataxia.

In the Section of Neurology of the Thirteenth International Medical Congress MM. Jean Ferrand and L. Pécharmant, hospital internes, exhibited the specimens and related the case of a patient in the service of M. Pierre Marie, the subject of locomotor ataxia and multiple arthropathies. The pelvis, freed from its soft tissues, showed the remains of an unhealthy callus due to spontaneous fracture. The seat of the fracture involved the greater part of the left iliac bone. The horizontal portion of the pubis and almost the whole of the coxo-femoral articulation were also implicated. There was also complete displacement of this joint on account of the production of an enormous osteophyte of the anterior-inferior spinous process of the ilium. A false joint had been produced. The specimen furthermore showed disease of the right knee and spontaneous fracture of the right femur. There is known in literature but one spontaneous fracture of the pelvis in locomotor ataxia. That was exhibited by Charcot at the London Congress in 1882.—Le Bulletin Médical.

Subcutaneous Emphysema due to Traumatic Lesion of the Frontal Sinus.

Dr. Vl. Mentov describes the case of a patient under treatment in the hospital for malarial diarrhœa and who, being unusually tall, and forgetting to lower his

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head as he passed through the door of the ward, struck his forehead violently against the top. On the following day he complained of trouble in breathing and swallowing, together with pain in the right half of the neck. Upon examination there was found a swelling of pasty consistence, which, starting from the angle of the lower jaw, passed downward and completely filled up the subclavicular fossa, whence it descended toward the thorax, where it was gradually lost. There was an exaggerated sonorous sound upon percussion, and palpation yielded the characteristic crepitation of emphysema. The right half of the forehead and cheek were the seat of crawling sensations, but otherwise presented nothing particular. Interrogation of the patient permitted establishment of the relation between the emphysema and the traumatism, which had caused a fracture of the anterior wall of the right frontal sinus. Under the influence of a compressing bandage the emphysema, and the trouble of respiration and deglutition by which it was accompanied, disappeared by the end of the fifteenth day.—Revue Hebdomadaire de Laryngologie, etc.

Vesical Calculi in Greece.

In the Section of Urinary Surgery of the Thirteenth International Medical Congress M. Kallionzis, of Athens, stated that stone of the bladder is very frequent in Greece. The exclusively vegetable diet upon which the peasants and lower classes live, and especially the limitless consumption of fresh tomatoes, is, in his opinion, the predominant cause of the frequency of this disease.—Le Bulletin Médical.

Urinary Calculi in Egypt.

In the Section of Urinary Surgery of the Thirteenth International Medical Congress M. Trekaki, of Alexandria, said that urinary calculi are very frequent in Egypt. Examination of five hospital records gave the following figures. Out of a total of 4167 native patients, 448 had stone: *i.e.*, 16 per cent. This is a large proportion, considering the life of the Arab, which differs very little from that of the European. The causes of the frequency are (1) the consumption by the fellah of unfiltered Nile water containing lime, and (2) the presence of eggs of the Bilharzia hæmatobia in the urinary apparatus.—Le Bulletin Médical.

The Reflex Pathological Influence of One upon the Other Kidney.

In the Section of Urinary Surgery of the Thirteenth International Medical Congress M. Pousson, of Bordeaux, said that a diseased kidney is capable of producing in its fellow at first functional disturbance and subsequently anatomical alterations. Functional derangements dependent upon certain surgical lesions, as obstruction of a ureter by a calculus, nephritic colic, intermittent hydronephrosis due to a strangulation of a floating kidney, renal contusion, etc., is too well known to require being dwelt upon; it is principally characterized by oliguria and anuria. The speaker wished, however, to draw attention to those more exceptional cases which occur in the course of medical nephritis. This effect is, by no means, contrary to the laws of general pathology, for nothing is more common than to witness hæmatogenous infection transferred from one to the other of pairs of organs, as, for instance, the eyes, testicles, and pleuræ. Furthermore, Goodhart and Robert Weir have demonstrated unilaterality in a certain number of acute renal infections, and the speaker had brought forward instances of nephrectomy for nephritis complicated with various accidents with survival of function, proving that the remaining kidney must have retained its integrity. Reflex trouble in medical nephritis does not consist alone of modifications in the amount of urine (oliguria and anuria, ex-

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ceptionally polyuria), but also in changes in its chemical composition.

The subtle and constant irritation of the nerves of the diseased kidney, and perhaps the occurrence of nephritis spread through the intervention of the solar plexus, permits us to interpret these phenomena. Temporary at first and without effect upon the renal parenchyma, the modifications in its circulation and nutrition of its anatomical elements may at length engender, if not an actual disease of the kidney, conditions which place it in a state of morbid receptivity. The products of bacterial activity elaborated in the primarily-diseased kidney and which, perhaps, have an elective influence upon the tissue of its congener have the most favorable opportunity of extending the infection. In this manner we may conceive the possibility of a sympathetic nephritis. From this conception are derived the most important practical consequences. Early surgical intervention in surgical and even medical diseases of the kidney is indicated in order to prevent the occurrence of secondary lesions of the other organ.—Le Progrès Médical.

Toxic Deafness.

In the Laryngological Section of the Thirteenth Medical Congress M. Castex, of Paris, declared that patients often, with or without prior ear disease, are attacked by progressive deafness with subjective noises, sometimes even with vertigo and other troubles. As these individuals have been making use of various toxic drugs, the influence on the ear is of toxic character.

Among such drugs are the salts of quinine, the salicylates, chloroform and ether, mercury, phosphorus, alcohol, tobacco, hashish, chenopodium (Gellé, North), the oxide of carbon, the sulphide of carbon, and lead.

If the autopsies fail to reveal definite lesions of the ear in these cases the experiments of Gellé and Laborde showed that, in animals, large doses of quinine occasioned hæmorrhagic exudations into the internal ear and meningo-cerebral congestions.

This form of deafness is, therefore, caused principally by lesions of the internal ear, rarely by those of the auditory centres or middle ear. The pre-existence of a lesion of the ear is a predisposing cause for the localization of poisons in that organ.

Toxic should be distinguished from infectious deafness (as in mumps, scarlatina, uræmia, etc.), from purely nervous deafness, and from that which complicates hysteria. The prognosis is grave. Treatment is of little efficacy. The continued current and injections of pilocarpine are hardly successful. The best treatment is prophylactic. When one ear is already affected, we should use with great caution such remedies as are known to have a deleterious influence upon the ear.—Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

Unguentum Crede in Puerperal Sepsis.

Dr. John O. Polak, of New York, writes: "Unguentum Credé is the newest and, perhaps, the most reliable antitoxin in pure streptococcic infection. The ointment contains 15 per cent. of soluble metallic silver (argentum Credé), and may be thoroughly rubbed into the cleansed skin until it has approximately disappeared. The integument is then no longer black, but only dirty looking; it is more or less reddened and warmer than normal. This takes from twenty to twenty-five minutes in a well-nourished or youthful skin, and about thirty minutes in an older one. The back, buttocks, and loins are the most favorable regions to inunct."

He describes a case in which it was given internally, the patient having been de-

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livered four weeks before he was called to see her: "At this time the fever was 104 2/5°; pulse, 156, irregular and compressible; the tongue dry and dirty; and the patient presented the general appearance of advanced sepsis. Physical examination revealed an empty uterus, with pus coming from the cervix; the involution was fair for the period of the puerperium. No parametric involvement could be demonstrated. Believing that no local interference would be of any use, unguentum Credé was recommended and used in 4-gramme (60-grain) doses every eight hours, and the bowels were moved thoroughly by calomel. Within forty-eight hours the temperature was reduced to 102°, where it remained for two days. The quantity of the inunction was diminished to 3 grammes (45 grains) night and morning. During this time the heart was supported by the hypodermic use of strychnia and nitroglycerin: a most excellent combination in sepsis. After the fourth day the temperature continued to fall, and the patient's general condition to improve, until at the end of ten days recovery was assured."

Prostatic Pain Following Gonorrhœa.

℞ Tinct. aconiti, ʒj.
Tinct. gelsemii,
Antipyrini, of each, ʒij.
Ext. ergotæ fluidi, ʒj.
Aquæ, q. s. ad ʒvj.

M. Sig.: A dessertspoonful every two or three hours in a wineglassful of water.

E. R. Corson recommends a combination similar to the above in treatment of prostatitis.—Journal Amer. Med. Assoc.

Pneumonia Treated by Creasotal.

Dr. Charles F. Stokes, U. S. N., of the Naval Hospital, Brooklyn, N. Y., has employed creasotal in seven cases with excellent results. It is used in conjunction with other treatment, such as strychnia, to tone up the heart; nitroglycerin, when venous engorgement is present; digitalis, with a vasodilator for cardiac irregularity, alcohol, etc. Dr Stokes briefly relates the histories of several cases in which the remedy was given in 12-minim doses in capsules every two or three hours with a most excellent result. The treatment does not seem to disorder the stomach. Early treatment offers the most satisfactory results.

Palatable Prescribing in Children.

From an article with the above title by Dr. Herman B. Sheffield, of New York, published in The Post-graduate, we select the following:—

Children who take medicines readily will usually not refuse the following mixture:

℞ Quinin. sulph., ʒss.
Acid. sulphur. dil.,
Ess. menth. pip., of each, gtt. xxx.
Syr. yerbæ sant. comp., q. s. ad ʒiij.

M. Sig.: Two teaspoonfuls every three hours.

Iron may be prescribed in the following combinations:—

℞ Vini ferri amari,
Elixir aurantii, of each, ʒj.—M.

Or:—

℞ Ferri et ammon. citratis, gr. xvj.
Spiritus vini gallici, ʒiv.
Ess. pepsini, ʒj.
Syr. simplicis, q. s. ad ʒij.—M.

Or:—

℞ Tr. ferri chloridi, ʒj.
Glycerini, ʒiv.
Syr. zingib. vel aurant. flor., ʒj.
Aquæ, q. s. ad ʒij.—M.

The following formula may be tried by mouth:—

℞ Olei morrhuæ, ʒiv.
Ext. malti, ʒj.
Syr. calcii hypophos., ʒj.
Glycerini, ʒiv.
Pulv. acaciæ, ʒiv.
Aquæ cinnamom., q. s. ad ʒviij.—M.

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The following mixture is very serviceable in acute articular rheumatism of children:—

℞ Sodii benzoatis,
Sodii salicyl., of each, ʒiss.
Tr. aurantii, ʒiv.
Aquæ destil., q. s. ad ʒij.—M.

All tæniafuges are miserable in taste and irritating to the stomach. The following mixture is quite efficient and pretty palatable:—

℞ Olei resinæ aspidii, ʒiij.
Olei amygdalæ dulc., ʒj.
Misturæ chloroformi, ʒiv.
Mist. amygdalæ, q. s. ad ʒij.

M. Sig.: Two teaspoonfuls for a child six years old, followed by a moderate dose of castor-oil in emulsion.

Creasote is of inestimable value in protracted coughs, and may be prescribed in the following manner:—

℞ Creasoti (beech-wood), gtt. viii-xvj.
Glycerini, ʒiv.
Vini xerici, q. s. ad ʒij.—M.

In administering medicines to infants it is at times advantageous to divide the regular dose into several smaller doses, giving it drop by drop until the whole is consumed. In this way the most irritable stomach will often retain the medicine, where it would reject it otherwise.

My review of the most palatable preparations must necessarily be limited in a paper of this kind. I have omitted also to mention several very pleasant adjuvants, for example, elixir taraxaci comp., vinum aromaticum, spiritus cinnamomi, spiritus lavendulæ comp., tinctura vanillæ, syrupus limonis, syrupus rosæ, aqua laurocerasi, aqua carui, pulvis amygdalæ comp., etc., the means of which the physician can avail himself in disguising the ill taste of medicines he especially prefers.

Nephritis.

Dr. T. E. Itor, in the Medical Times, says of the treatment of nephritis:—

"There are very good reports as to taraxacum, and the inclination should be toward favoring it. But much to be preferred is eucalyptol; and I am disposed to consider it the one dependable diuretic—the only diuretic which is of sterling value in nephritis.

"I recommend this prescription:—

"℞ Tr. belladonnæ,
Potass. citratis, of each, ʒiij.
Eucalyptol., ʒij.
Muc. tragacanth,
Syr. limonis, of each, ʒj.
Aquæ, ad ʒviij.

"M. Sig.: Two drachms every four hours.

"For chronic nephritis I omit the other constituents, and give 10-drop doses in water three times a day. Where there is a condition of suppurative pyelitis, or chronic cystitis, I disinfect the genito-urinary tract thoroughly by the 10-drop doses."—Journal of Medicine and Science.

Inhalation of Formalin in Phthisis.

Dr. William Murrell favors the use of formalin, which he subjected to severe tests as regards the inhibition of growth of the bacillus tuberculosis. The cases which Dr. Murrell reports all show that with the formalin treatment, without any addition, he was uniformly successful. The patient was directed to inhale the substance by dropping it on lint, and thus allowing it to be absorbed. If a patient finds the fumes of formalin more irritant than he can conveniently bear, he should reduce the solution by the further addition of water to half the strength, or even much less, one-tenth, which would still be effectual as an inhalation.

Syrup of Iodide of Iron for Gonorrhœal Rheumatism.

Dr. J. C. Wilson, of Philadelphia, advises the administration of the syrup of iodide of iron in gonorrhœal rheumatism, beginning with 30 drops three or four

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times a day, increasing the dose, if need be, by 1 drop daily until 60 drops are taken at one time.—Pennsylvania Medical Journal.

Catarrhal Tonsillitis.

℞ Formalin, *m*xv-xx.
Potassii chloratis, 3j.
Liquoris ferri chloridi, 3j.
Aquæ menthæ piperitæ, q. s. ad ℥iv.

M. Sig.: Use as a spray three or four times a day.—Journal Amer. Med. Assoc.

Hypertrophied Tonsils.

℞ Resorcini, gr. lxxx.
Betanaphthol, gr. v.
Aquæ destil., Oj.

M. Sig.: Irrigate the tonsils and pharynx twice daily.

Castex, in the Med. News, very strongly advocates the use of the above combination.—Journal Amer. Med. Assoc.

An Antiseptic Varnish to Replace Collodion.

The Journal des Praticiens attributes the following to Nicaise:—

℞ Thymol, 22 1/2 grains.
Balsam of Tolu, 75 grains.
Powdered shellac, 900 grains.
Alcohol at 90°, 750 grains.
Ether, 1500 grains.—M.

—New York Medical Journal.

Picric Acid in the Treatment of Phagedæna.

Hawthorn relates twelve cases of subjects of phagedæna treated with picric acid in saturated solution. The effects noted were: A marked weakening of purulence, cleansing of the wound, the beginning of cicatrization at the end of four or five days, and general arrest of the disease. The applications are almost painless.—New York Medical Journal.

Internal Hæmorrhoids.

Dr. J. R. Anderson says that he has found the following prescription very useful in internal piles:—

℞ Hydrastin,
Pulv. alum, of each, gr. x.
Cocaine mur., gr. vj.
Butyr. cocæ, q. s. ad.

M. et ft. rectal suppos. No. xij.

Sig.: Insert one into the rectum every night.

In bad cases it is often advisable to have the patient insert one night and morning. —Medical Summary.

Cystitis.

For cystitis, where there is a sanguineous discharge:—

℞ Potass. bromid., 3iv.
Tr. gelsemium, 3ij.
Fld. ext. ergot, 3ss.
Spt. nitric ether, q. s. ad ℥iv.

Mix and make into solution.

Sig.: Teaspoonful three or four times daily, in water.—Dr. J. F. Griffin, of Shreveport, La., in Medical Summary.

Chronic Laryngitis.

℞ Thymol., gr. xv.
Eucalyptol., gr. xx.
Creasoti, 3ij.
Ol. gaultheriæ, 3j.
Ol. pini sylvestris, 3v.

M. Sig.: Inhale five or six drops four or five times a day.—Journal of the American Medical Association.

Oil-of-Wintergreen Preparation for Rheumatism.

℞ Olei gaultheriæ, 3iv.
Alcoholis, q. s.
Syr. simplex, q. s. ad 3iv.

M. Sig.: One teaspoonful in Vichy three times daily.—Journal of the American Medical Association.

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THE
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SOME CONTRASTS OF MODERN CIVILIZATION.

How profound are the contrasts of human life! High and low, pure and vicious, rich and poor, educated and illiterate, intellectual and imbecile, strong and weak, healthy and sick, successful and unsuccessful,—these are some of the sharp differences which are ever forcing themselves upon the mind of the thoughtful, and which have led to endless discussions concerning the origin of evil. The physician is, from the nature of his calling, a humanitarian. No man can practice medicine long without being brought face to face with the great problems of human existence. The most pitiful spectacles are being constantly thrust upon our notice. We enter happy households and the most desolate abodes. We feel so often that our hands are tied. Innumerable are the instances where diagnosis and the prescription of remedies seem the least difficult of our tasks. If we could but have untrammeled and unrestricted charge of our patients as regards their physical condition, how much more good could we often accomplish!

This is one of the advantages of hospitals. These institutions are established primarily for the relief of the sick and injured, but there are many other benevolent purposes which they incidentally serve. They relieve, also, much misery, which comes from unfortunate surroundings, and protect many a patient from evils which have no direct relation to bodily disease. The sympathetic manner of doctors and nurses are often the first and only evidence of human kindness which a poor wretch has experienced for many a long year. The demands of a modern community are multifarious. The tastes, the associations, the capabilities of those interested or concerned with public matters vary so widely that we find workers in every field. The physician comes in touch with all. As a citizen he has his interest in public improvements, but his professional duties lead, or rather force, him to think most deeply of the measures adapted to relieve or prevent disease and suffering.

Animated by such thoughts, we are frequently obliged to contrast the amounts which are lavished upon objects of doubtful utility and which our experience teaches us might be more wisely, more beneficently, and more profitably devoted to the aid of real humanitarian work. It is, of course, of cities that we chiefly refer to. In the country people know and help each other, but in large cities organization is necessary for the success of charitable enterprises. It is not desirable, however, that organizations should employ unnecessarily expensive machinery.

The costly edifices which are erected for the purposes of public worship have little, if any, influence in the propagation of true religion. Large congregations vie with each other in a sort of ecclesiastical rivalry. Much of the expenditure upon costly buildings, elaborate furniture, and decorations might—we speak without any disparagement—accomplish more real good to the world if expended in other ways. Much of the expense that enters into the church-work of to-day could be better employed in other directions. The constant financial strain of many congregations is hardly conducive to the growth of spirituality. We should think it more profitable in every sense of the word for the churches to collaborate much more closely than is their

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custom with the philanthropic work which is incessantly being carried on by the medical profession.

The same principle applies to many other departments of public interest. The flame of religion never burnt more purely than when worshipers met in plain buildings or in the open air. Among modern denominations perhaps none has been more serviceable to mankind than the Friends, or Quakers, as they are commonly termed. The history of this city and State furnishes abundant evidence of the practical charity of these people. Their meeting-houses are the plainest of affairs. Other sects could learn many a useful lesson from the Friends. It is much to be regretted that the imposing edifices and the costly services of our churches have much to do with defeating the object for which they are established.

The expense of operating our public-school system is greater than it should be, and our children could be quite as efficiently trained in more humble buildings than are many of those of the present era. In this matter of public-school systems, also, there is a vain rivalry between leading cities. One copies after another, and, if a method is adopted in Boston or Chicago, Philadelphia and San Francisco think that they are obliged to follow suit or fall "behind the times." There are many civic demonstrations or celebrations in which money is needlessly lavished. It is spent merely to make a spectacle.

When we consider, in painful contrast to all this outlay, the inadequate means with which most hospitals carry on their work we cannot but feel that the distribution is unequal. The financial needs of a well-equipped general hospital must always be heavy. Provisions and medicines must be furnished, help must be paid, instruments must be bought, and a thousand and one incidental expenses continually swell the account. Many patients must be cared for without compensation. These institutions perform noble service in their communities. They are utilized, furthermore, for the education of students of medicine and for the training of professional nurses. Through the physicians and nurses who have worked in their wards their blessings are disseminated to distant fields. They are centres of philanthropy and instruction. They deserve, therefore, the most generous support. Every school of medicine requires its own hospital, wherein its students may have an opportunity of learning disease by the bedside. Special fields of practice demand their hospitals, in which due attention can be given to their special classes of cases.

These facts are not sufficiently well known to the general public, and the work of these institutions, although, no doubt, it is highly respected by the laity, is seldom supported on a scale commensurate with its importance. The hospital facilities of large cities are never too great for the service which they are obliged to render, because the field is wide. Some few fortunate institutions are amply endowed, but, however well provided with means, there must ever be demands upon them which tax their resources or limit their usefulness. We regard the subject of liberal hospital support as worthy of careful and conscientious consideration by every member of the community. Here another contrast rises plainly before our mental vision. How different would be the poor, destitute, sick, and injured were these benevolent enterprises not in existence. In the wards of the hospitals the poorest wretch obtains the services of the most eminent physicians and surgeons, given freely and cheerfully, without money and without price. The physician listens to the call of distress whether it comes from the rich or the poor, his kindly ministrations know no limit of race or creed. Concerning creeds and doctrines men have quarreled until the *odium theologicum* long ago became a proverb. But the tolerance

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and charity of the true doctor are unbounded.

BLACK TONGUE.

THE great and destructive epidemic of erysipelas which prevailed throughout a large part of the United States in the early 40's was popularly known in the West by the title of "black tongue." Of recent years, however, this designation has been conferred upon a totally different affection, termed lingual melanotrichia, or *langue pileuse* by the French and *Haarzunge*, by the Germans, and of which we find a case reported and studied by Dr. J. Maraval, of Oran, in the Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie for September 8, 1900. Butlin, in his admirable treatise on diseases of the tongue, makes only incidental mention of the malady. It was, however, recognized as long ago as 1754 by Landouzy. In these later days a number of monographs have been written upon the subject. In the case which Dr. Maraval reports the examination fully confirmed the latest opinions which have been published. The patient was a man, 44 years of age, who had generally enjoyed good health and who exhibited no sign of alcoholism or syphilis, but who was an incessant smoker. For two months he had experienced an acute burning sensation upon the dorsum of the tongue, roof of the mouth, veil of the palate, the uvula, and tonsils. There was also difficulty in the movements of the tongue. In the act of swallowing there was always a sensation of a foreign body interposing itself between the tongue and the roof of the mouth. There was abundant salivation. There was diffuse redness of the palatine vault, the velum, and uvula, as well as the pillars of the fauces. The gums were not inflamed, and the teeth showed nothing special. There was no glandular enlargement. The breath was not fœtid. On the back of the tongue was a blackish-brown fringe. It ran backward behind the V formed by the large papillæ, and was shaped like the head of a lance with the point directed forward. It seemed to be very loosely attached to the surface of the tongue. It bore very much the appearance of a mass of foam or the byssus of shell-fish. Some filaments were slender and spiral, while others were swollen at the ends. They felt like horse-hair. Some were black, but most were light or ochre-colored. When burnt, they smelled like horn. Shaken violently for a long time in distilled water, they resolved themselves into small, elementary fibres. Some were as thick as horse-hair, others were as fine as lanugo. Under a low power of the microscope they looked like cords covered with imbricated scales. Between the cords and adherent to them were some masses of refractive granulations. Under a higher power the structure suggested that of a hair. The diagnosis was assured by the examination under the instrument.

The affected surface was curetted and a 20-per-cent. solution of zinc chloride applied. He was advised to renounce smoking and to keep his mouth cleanly. The man returned in six months complaining of the same pain in moving the tongue and swallowing for which he had originally consulted Dr. Maraval. He had been free from the trouble for four months when he began again to smoke. The disease then recurred. Almost all of the back of the tongue was covered by the growth. The surface was scraped more thoroughly than on the first occasion, the prohibition of smoking was renewed, and the patient had not been seen for five months.

The growth which gives name to the disease, black tongue or melanotrichia, is of epithelial origin, but with a more intense keratinization. The epithelium of the filiform papillæ of the tongue, according to Brosin, may proliferate under the influence of any irritation. The pigmentation is attributed by Hallopeau to an increase

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of the normal color of the epithelial cells. Some writers have thought that the use of tobacco had an influence in the production of the discoloration.

The treatment should be radical from the beginning in order to prevent relapse. The superficial layer of the mucous membrane of the tongue must be completely destroyed.

Medical News and Miscellany.

Pennsylvania Medical Society.—The following officers were elected for the ensuing year: President, Dr. Thomas D. Davis, of Pittsburgh; first vice-president, Dr. W. B. Ulrich, of Chester; second vice-president, Dr. L. H. Taylor, of Wilkes-Barre; third vice-president, Dr. A. A. Eshner, of Philadelphia; fourth vice-president, Dr. M. L. Herr, of Lancaster; secretary, Dr. C. L. Stevens, of Athens; assistant secretary, Dr. W. L. Pyle, of Philadelphia; treasurer, Dr. G. B. Dunmire, of Philadelphia; Chairman of the Committee of Arrangements, Dr. John H. Musser, of Philadelphia.

Canadian Medical Association.—The following officers were elected at the last meeting: President, H. H. Chown, of Winnipeg; treasurer, H. B. Small, of Ottawa; general secretary, F. N. G. Starr, of Toronto. Vice-presidents for the provinces: Prince Edward Island, H. D. Johnson, of Charlottetown; Nova Scotia, A. J. Maiter, of Halifax; New Brunswick, T. D. Walker, of St. John; Quebec, A. Lapthorn Smith, of Montreal; Ontario, A. A. Macdonald, of Toronto; Manitoba, J. D. Macdonald, of Brandon; N. W. T., J. D. Lafferty, of Calgary; British Columbia, S. J. Transtill, of Vancouver; Yukon, J. N. E. Brown. Next place of meeting, in 1901, is Winnipeg.

Pathological Society of Philadelphia.—At the annual meeting the following officers were elected: President, Dr. F. A. Packard; vice-presidents, Drs. Joseph McFarland, C. W. Burr, Alfred Stengel, and Simon Flexner; secretary, Dr. J. Dutton Steele; treasurer, Dr. Thompson S. Westcott; curator, Dr. W. Wayne Babcock.

Assistant County Physician. — County Physician Ancker has named Dr. James S. Gilfillan, of St. Paul, Minn., as assistant county physician.

Dr. Roswell Park.—Dr. Park has been appointed Medical Director of the Pan-American Exposition.

Heroism of Dr. I. M. Cline.—A paragraph in the Journal of the American Medical Association from Galveston says:—

"The heroism of Dr. I. M. Cline, United States Weather Observer at Galveston, a member of the Texas State Medical Association, stands out brightly among the many heroic deeds recorded there. At noon he sent out warnings that a disastrous storm was imminent. Three hours later, realizing that an unparalleled storm was approaching, he went through the southern part of the city imploring the people to fly to the centre of the island. As the telephone and telegraph systems were then wrecked, he made his way to the telephone station at the bridge west of the city and sent an appeal for aid, just before the cable parted. On his return, after this duty had been performed, he found his house destroyed and his wife and one child dead."

New York Obstetrical Society.—At the annual meeting of this society the following officers were elected: President, Dr. H. J. Boldt; first vice-president, Dr. Ralph Waldo; second vice-president, Dr. H. N. Vineberg; recording secretary, Dr. G. L. Brodhead; assistant recording secretary, Dr. G. G. Ward (Jr.); corresponding secretary, Dr. E. E. Tull; treasurer, Dr. J. Lee Morrill; pathologist, Dr. W. S. Stone.

Castor-oil Poisoning. — Meldrum reports a fatal case of ricinus poisoning. The patient was a man of 26, who chewed two seeds. The purging of sanguineous mucus

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was checked, but vomiting persisted, and death ensued from exhaustion after six days.—American Therapist.

Arrested Labor from Distended Bladder in Fœtus.—Couvelaire reports the delivery a little before term of a primipara aged 24. Pregnancy had been normal. When she was admitted into hospital it was not certain how long the waters had escaped. There was slight albuminuria. The occiput presented to the right posteriorly, and there was some difficulty in delivering the head. Then the shoulders could not be extracted, even when the posterior arm was lowered. The child died during these manœuvres. The head-midwife drew down the anterior arm, but the humerus was fractured and the shoulders remained fixed. On exploration the thorax appeared normal, but the abdomen was much swollen, and fixed above the pelvic inlet. The trocar was used, and 550 grammes of fluid came away; it was clear, lemon-yellow in color, and highly albuminous. Then the child was easily extracted. It weighed, excluding the urine already removed, over 6 1/4 pounds, and measured 18 3/4 inches; the biparietal measurement was 3 1/2 inches. It was a female. The distension of the abdomen was due to retention of urine. The cause of the retention could not be detected; there was no malformation, and the urethra was quite free from stricture. The ureters and renal pelves were dilated. Gaüdon, Cornelli, and Lefour have reported similar cases where no stricture existed. In Porak's case the obstruction was due to a valvular fold in the mucous membrane, which Hergott, of Nancy, suspects must exist in all such cases, but is easy to overlook. As a rule, retention of urine is due to complete congenital stricture.—British Medical Journal.

Exophthalmos from Empyema of Frontal Sinus and Ethmoid Cells. — Buller and Byers report the case of a butcher, aged 19, who was seen after a history of painful bulging of the left eye extending over fifteen days. The protrusion was said to have come on suddenly during the night, and had not increased since it was first noticed. There was weakness, loss of appetite, and chilliness. Temperature, 102; vision normal; movements of eye impaired; right eye normal.

Examination of nose revealed small amount of pus in middle meatus, and on posterior extremity of inferior turbinal of left side. Transillumination showed no difference of transparency of two frontal sinuses, but left antrum of Highmore distinctly darker than right.

Operation was done over inner end of left frontal sinus. The withdrawal of trephine was followed by discharge of considerable amount of muco-purulent matter. Further exploration revealed the ethmoidal cells transformed into soft, pulpy material. The parts were all thoroughly scraped, and drainage made in the usual way through the nose.

Exploration of left antrum proved it to be free from secretion, the darkened umbra being caused by thickened bone. The negative result of illumination of the frontal sinus was also remarkable.

The patient made a good recovery, the improvement being gradual. Ten weeks after operation the exophthalmos was scarcely perceptible.—Journal of Laryngology, etc.

Some Illustrations of the Clinical Significance and Importance of Decubitus.—J. O. Affleck describes the various postures characteristic of diseases of the respiratory, circulatory, alimentary, and nervous systems, a study of decubitus being most valuable to diagnosis. Even in fever, he says, it is a good sign to find the patient lying on his side, particularly if that attitude is assumed spontaneously, testifying, as it does, to a fair measure of muscular strength; while, on the contrary, when the patient lies on his back and tends to sink down low in the bed, it is regarded as an evidence of great debility, and often of evil omen.

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One serious accompaniment and result of this latter posture is the condition known as hypostatic congestion of the lungs. Taking the hint from this, it is often excellent practice, in attending a case of long-lasting fever or debilitating disease, to have the patient occasionally moved round on one or the other side, so as to prevent blood-stasis in the posterior parts of the lungs.—Southern Practitioner.

Acute Phagedæna of the Nose, Eye, and Face in a Syphilitic Subject.—A. Phillips relates a rare case in a soldier, aged 26 years, who contracted syphilis in India two years ago. There was at first a small ulcer in the roof of the mouth, which spread rapidly. Fourteen days after first visit the nasal cavities were filled with fœtid sloughs, and the cartilaginous septum had necrosed. A sloughing ulcer occupied one ala of the nose, and gangrene attacked the opposite side. The entire external nose was necrotic within three weeks of the first observation. Succeeding patches of skin became red and œdematous and melted away. Death occurred by septic infection one month from the onset. Treatment was without effect, but scraping and cauterization arrested the oral ulcer.—Medical Record.

Auto-intoxication.—Dr. C. A. Ewald, in a recent number of the Berliner klinische Wochenschrift, deals in a comprehensive manner with the subject of auto-intoxication as it occurs in various diseases, and brings much of our scattered and fragmentary knowledge together. As examples of intestinal auto-intoxication he cites the nervous disturbances which occur in acute and chronic digestive disorders—for example, attacks of flushing and giddiness, headaches and curious sensations in the head, and throbbings and noises in the ears. Some cutaneous eruptions—such as urticaria, acne, pruritus, and purpura—are also due to intestinal auto-intoxication, and Müller and Manicatide have recently published instances of affections of the spinal cord in children resulting from the same cause. Periodical vomiting, asthma dyspepticum, tetany, and some of the anæmias are assignable to the same source. Among the auto-intoxications arising from diseased metabolism within the tissues and organs of the body may be included uræmia from renal disease, pancreatic diabetes, the cachexia resulting from cancer, Graves's disease, Addison's disease of the suprarenal bodies, myxœdema, cachexia strumipriva, cretinism, leukæmia, and pseudoleukæmia. The eclampsia of pregnant women, gout, and migraine are attributable also to similar diseases of metabolism, giving rise to auto-intoxication with various chemical products. It is not, however, correct, says Dr. Ewald, to classify icterus gravis among the auto-intoxications, and the same may be said of acetonuria and oxaluria, which are symptoms of special diseases, and which require treatment accordingly.—Lancet.

Munificent Gift.—The University of St. Andrews has received a gift of £20,000 from the Marquis of Bute to establish a chair of anatomy.

The Earliest Signs of Tuberculosis.—Professor Bozzalo, of Turin, in a paper read at the recent International Congress of Tuberculosis at Naples, has conveniently summarized the following eleven important points which are of assistance in forming a diagnosis of pulmonary phthisis in its earliest stages. They are: 1. Albuminuria alternating with phosphaturia. 2. A pseudochlorosis distinguishable from true chlorosis by the slighter degree of reduction of the hæmoglobin and by the less-marked vascular and cardiac disturbances (palpitation, soft pulse, pulsating arteries, etc.). 3. The presence of gastric disturbances like gastralgia, anorexia, nausea, and vomiting. 4. Tachycardia in the absence of fever. 5. Diminution of blood-pressure. 6. A rise of temperature following bodily or mental exertion above the slight rise proper to health. In women a rise of from 0.3° to 0.4° C. is observable before the onset of each menstrual period. 7. An undue

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tendency to sweat after exertion, mental or bodily; also night-sweats. 8. Pain in the supra-orbital regions and in the neck. 9. A slight inequality of the pupils with a tendency to dilatation (mydriasis). 10. The occurrence of herpes zoster. 11. Enlargement of the spleen. Of these the first seven symptoms are the most frequently met with and possess considerable diagnostic value.—Lancet.

Epilepsy Cured by an Attack of Hemiplegia.—D. Brunet publishes the following case: Usually cerebral lesions which result in hemiplegia are followed by epileptiform troubles or by choreiform and athetoid disturbances; but the reverse—namely, the arrest (or cure?) of epileptic seizures by the occurrence of hemiplegia—is novel. The case is that of a woman, born in 1812, single, uneducated, an inmate of La Charité since March, 1857. She was epileptic since the age of 7 years, the first convulsive attack following scarlet fever. The attacks took place once every month or fortnight, and were followed by delusions and visual hallucinations of men assailing or attempting to kill her. In 1857 she had an attack of incomplete left hemiplegia following violent convulsive attacks. Thereafter the fits which she used to suffer from gradually diminished in severity, and in 1860 she was entirely free from fits. There was complete freedom from fits for seventeen years till her death in 1877. During this time her intelligence was almost normal; she could walk and could use her hands in needle-work, though the left leg and arm were rather weak, and her disposition and character were quiet and orderly. She only suffered from occasional lassitude or from headaches, her habits were clean, and she never wetted her bed as patients in asylums not uncommonly do. No explanation can be offered to account satisfactorily for the complete disappearance of her epileptic attacks. A necropsy was not obtained in this case, but it is believed that cerebral hæmorrhage was the immediate cause of the attack of hemiplegia.—British Medical Journal.

Little Rock Infirmary.—A handsome and commodious infirmary has recently been completed in Little Rock, Ark., by the Sisters of Charity of that place. The dedicatory address was, by invitation, delivered by our esteemed colleague of the tripod, Dr. James T. Jelks, editor of the Hot Springs Medical Journal: an organ which is an excellent representative of its section.

On the Physiological Action of Senecio Jacobæa.—J. L. Bunch, by experimenting on dogs with preparations from the entire plant, found that intravenous injection produced a slight rise in general blood-pressure and diminution in the magnitude of both auricular and ventricular contractions. There are two substances of distinct physiological action in the plant. Intravenous injection of a watery extract of the residue on evaporation of an alcoholic solution caused a marked fall of blood-pressure followed by a slight rise due to constriction of peripheral vessels. The two substances have not been separated. The substance which causes a rise of blood-pressure is not contained in watery extracts.—Medical Record.

Kingston General Hospital.—Dr. Haig, of Campbellford, has been appointed superintendent of the Kingston (Canada) General Hospital.

The American Journal of Nursing.—The first edition of a new journal bearing the above title has just been issued by the well-known house of J. B. Lippincott Company. This publication is devoted to the interests of nurses, by whom it has been established and by whom it is edited. Ladies connected with some of the principal hospitals in the country are engaged upon its staff. The editor-in-chief is Miss S. F. Palmer, Superintendent of the Rochester City Hospital. The journal is to be the official organ of the Associated Alumnæ of Trained Nurses of the United States, and will be published monthly in Philadelphia. The contents will

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be divided into several departments, each under the management of a trained nurse prominent in her profession. We have no doubt, from the names connected with it and inspection of the first copy, that the journal will prove an unqualified success.

Suppurative Appendicitis as a Sequel to Scarlet Fever.—In a paper published in our esteemed contemporary, the Texas Medical Journal, by Dr. J. S. Price, of Beaumont, Texas, the case is described of a boy who, at about the fourth or fifth day of his fever, developed an excruciating pain over McBurney's point. Associated with the pain was an exacerbation of the temperature. Operation was performed three days after the first warning symptom. "Upon entering the abdomen there was a rush of foul-smelling pus. We spent no time in searching for the appendix, believing that it had been completely destroyed in the inflammatory process, but contented ourselves with cleansing the intestines of pus by mopping thoroughly with sterilized gauze. The wound was partially closed, with space left for wicks of iodoform gauze, which expedited drainage beautifully. The temperature next morning was 99, pulse normal, and the boy had no further untoward symptoms."

An Unusual Symptom of Perforative Appendicitis.—In a recent number of our honored exchange, The Medical Dial, we find, under the title quoted, a paper by Dr. David Owen Thomas, of Minneapolis. The patient was a boy, 16 years of age, who, on the evening of the second day of an attack of appendicitis, probably the third, was suddenly seized by acute pain about an inch behind the meatus urinarius on the under surface of the penis. Having known of the same symptom occurring in the perforation of a typhoid ulcer, the writer immediately suspected perforation of the appendix. Operation was performed the next morning, and the appendix was found surrounded by about an ounce and a half of pus. The appendix was intensely inflamed, with its base perforated by a gangrenous ulcer. After the appendix was removed the wound was drained. Recovery was uneventful. Ulceration probably had been going on without any rise of temperature. The pain in the penis was so extreme, the parents stated, that the boy was fairly beside himself—rolling and tossing around in a desperate manner, and this special symptom overshadowed all others for nearly half an hour.

London Branch of W. B. Saunders & Co.—W. B. Saunders & Co. desire to announce that they are about to establish a branch of their business in Great Britain. All the arrangements preliminary to the opening of an English house have been completed. This London branch will be operated in immediate connection with the home establishment, and the same methods that have been so successful in building up the business in this country will be employed in the conduct of this new branch. The details of the various departments of the firm's affairs have now been developed to such a state of perfection that the house feels the time has come for extending its field of operations.

Clinical Observations on the Ulcus Duodeni.—O. Burwinkel's observations on 5 cases of duodenal ulcer confirm what is generally known about this affection, which is not so rare, but is seldom diagnosed. These cases occurred in middle-aged people who were compelled, by virtue of their occupation, to keep the body bent forward. The author supposes that this act is similar to a trauma on the abdominal organs. Most of the patients stated that tuberculosis had occurred in their family, but they themselves were free from it and of robust constitution. The cardinal points in the diagnosis were as follow: —

1. The occurrence of mostly copious hæmorrhage, which originated in the upper portion of the intestinal tract and which took place without vomiting.

2. The seat of the pain, which was mostly found to be in the neighborhood of the umbilicus; the most characteristic seat was, however, the right hypochondrium.

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3. That the pains would start about two or three hours after eating.

4. Preceding dyspeptic symptoms, which consisted of a sense of fullness and pressure in the stomach. Tympanites, flatulence, etc.

The prognosis of duodenal ulcer in general is doubtful. The treatment is about the same as for gastric ulcer.—Indian Lancet.

Professor Schleich.—Dr. C. L. Schleich, the inventor of infiltration-anæsthesia, has been placed in charge of the Gross-Lichtenfelder Hospital at Berlin, with the title of professor. He has never been connected with the faculty before.

Atlanta Medical College. — Dr. H. F. Harris, heretofore Associate Professor of Pathology at Jefferson Medical College, has been appointed to the chair of pathology at the Atlanta Medical College.

University of Buffalo. — Dr. Frederick Busch succeeds Dr. Julius Pohlman as Professor of Physiology.

Ohio Medical University.—Dr. Darlington J. Snyder, of Columbus, has been selected as the incumbent of the chair of psychological medicine recently established at the Ohio Medical University.

The Application to Man of the Regeneration of Confined Air by the Use of Peroxide of Sodium.—M. A. Desgrez and M. V. Balthazard have laid before the Academy of Medicine a method of regenerating confined air by the decomposition of peroxide of sodium by the use of cold water. They showed that the oxygen given off by the decomposition replaced that used in respiration, and simultaneously that the soda formed took up the carbon dioxide formed by the respiration, and finally that the toxins present in expired air were destroyed by the oxidizing agent. Animals confined in a small space, but where the air was regenerated by this process, survived, while control animals in whose case no regeneration was practiced died. Since then they have applied the process in the case of men, and have made known their results. Their early experiments were made with a somewhat cumbrous apparatus, and they were obliged to simplify it. A model which they showed can, however, be carried on the back and weighs about twelve kilogrammes.—Paris Correspondent of Lancet.

American Electro-therapeutical Association.—The election of officers of the association for the ensuing year resulted as follows: President, Dr. Ernest Wende, of Buffalo; first vice-president, Dr. Fred. H. Morse, of Melrose, Mass.; second vice-president, Dr. D. R. Brower, of Chicago; secretary, Dr. George E. Bill, of Harrisburg; treasurer, Dr. R. J. Nunn, of Savannah. The next annual meeting will be held in Buffalo on September 9, 10, and 11, 1901.

Medical Society of the Missouri Valley.—The officers lately elected are: President, Dr. V. L. Treynor, of Council Bluffs, Iowa; first vice-president, Dr. B. B. Davis, of Omaha, Neb.; second vice-president, Dr. E. E. Sampson, of Creston; treasurer, Dr. T. B. Lacey, of Council Bluffs, Iowa; secretary, Dr. Charles Wood Fassett, of St. Joseph, Mo. The next meeting will be in March, 1901, at Omaha.

Parotitis, with Involvement of the Submaxillary Glands.—J. Hoppe has observed, among children of the asylum of Uchtspringe, an epidemic of mumps which was peculiar in affecting the submaxillary glands instead of the parotids. Sixteen cases were observed. Of these 10 began by a swelling of the left submaxillary gland and 6 of the right. In 8 cases (50 per cent.) the submaxillary of the opposite side was involved in turn from one to nine days after the onset of the disease. In 6 cases there was secondary involvement of the parotid gland two to three days after that of the submaxillary. Swelling disappeared usually in from ten to fifteen days. Three boys complained of testicular pain. There were no other complications.—Medical Review of Reviews.

American Laryngological Association.—The recently-elected officers for the ensuing

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year are: President, Dr. Henry L. Swain, of New Haven, Conn. First vice-president, Dr. Henry L. Wagner, of San Francisco, Cal. Second vice-president, Dr. Arthur A. Bliss, of Philadelphia, Pa. Secretary and treasurer, Dr. James E. Newcomb, of New York City (118 West Sixty-ninth Street). Librarian, Dr. Joseph H. Bryan, of Washington, D. C. Member of Council, Dr. Samuel Johnson, of Baltimore, Md. Place of meeting for 1901, New Haven, Conn. Date, probably May.

Removal.—Dr. M. O'Hara announces his removal to 227 S. Twentieth Street, Philadelphia.

Kansas City Medical College.—Dr. Josiah P. Lewis has been made Professor of Gynæcology in Kansas Medical College, Topeka, in succession to the late Dr. S. E. Sheldon.

The Medical Mirror.—The Medical Mirror, under the editorial management of its proprietor, Dr. I. N. Love, heretofore of St. Louis, has been a signally successful periodical. We have received the announcement that Dr. Love has transferred his residence to New York City, in order to accept a position in the department of internal medicine of the New York Post-graduate Medical School and Hospital. The Medical Mirror is now published simultaneously at New York and St. Louis. Communications for the editor should be addressed to Dr. I. N. Love, "The Iroquois," 49 West Forty-fourth Street, New York City. All business communications should be sent to Love's Medical Mirror, St. Louis.

Matrimonial.—The Editor of THE MEDICAL BULLETIN has received cards for the wedding, on November 7th, at Bellefonte, of Dr. Albert Engles Blackburn to Myra Holliday, daughter of Mr. and Mrs. Jackson L. Spangler, of Bellefonte, Pa. Dr. and Mrs. Blackburn will reside at 3726 Baring Street, Philadelphia.

The marriage of Dr. John A. James James, of St. Louis, to Miss Nellie Blanche Robeson, of Rochester, N. Y., is announced. Dr. and Mrs. James are at home at 4216 Westminster Place, St. Louis, since November 1st.

Mississippi Valley Medical Association.—Next place of meeting, Put-in-Bay, Ohio, September 10, 11, and 12, 1901. President, A. H. Cordier, of Kansas City, Mo.; first vice-president, C. F. McGahan, of Aiken, S. C.; second vice-president, Charles L. Minor, of Asheville, N. C.; secretary, Henry E. Tuley, of Louisville, Ky.; treasurer, Dudley S. Reynolds, of Louisville, Ky.; Chairman of the Committee of Arrangements, J. C. Culbertson, of Cincinnati, O.

Professor Chrobak.—The Leopold Order of Knighthood has been conferred on Prof. R. Chrobak, of Vienna.

A Fatal Case of Chorea.—Halle and Langevin report the case of a girl of 10 years, of neurotic family history, who developed a severe case of chorea involving the face, tongue, pharynx, trunk, and extremities. The movements became more and more severe in spite of treatment with baths and antipyrin, so that sleep was interrupted and the child's intelligence obtunded. A torpid state followed, and death occurred three weeks after onset of the disease. At the autopsy the only lesion found in any viscus was that of congestion. Bacteriological examination of the blood taken from the left median cephalic vein on the day of death and from the heart after death showed the presence of streptococci in pure culture. These the author believes to have entered through cutaneous erosions or through the buccal mucous membrane, and to have had no etiological relation to the chorea. The chorea so lowered the child's resistance that the streptococci were enabled to cause the septicæmia. The age of the child, the absence of the acute mania with hallucinations which usually accompanies fatal cases of chorea, and the absence of the usual anatomical lesions of such cases make the observation

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of interest clinically. — Archives of Pediatrics.

Sarcoma of the Suprarenal Capsules in a Child Aged Seven Weeks.—Dr. J. Orr reports a case of this affection occurring in a female child. On examination the enormous enlargement of the abdomen was found to be due apparently to tumors of the liver and spleen. The blood-examination showed the presence of leucocytosis and moderate anæmia. The case was at first thought to be one of leukæmia, but the leucocytosis soon disappeared. The child became steadily weaker and died two months later. The post-mortem examination showed that the abdominal enlargement was due to an enormous sarcoma of the liver, the supposed splenic tumor being the huge left lobe. The hepatic enlargement was secondary to a primary sarcoma of the right suprarenal capsule, weighing ten ounces. The points of interest were the extreme early age of the patient, the absence of any symptoms pointing to the organ primarily affected, the absence of bronzing and the peculiar smooth, uniform character of the hepatic enlargement, and the deceptive enlargement of the left lobe. —New York Medical Journal.

Hæmorrhage Occurring after the Menopause.—E. C. Davis writes that at the time of the menopause atheromatous changes are likely to take place in the blood-vessels, malignant diseases make their appearance, and the atrophic changes of the tissues become observable. After menstruation has ceased, any hæmorrhage from the uterus is always pathological, the causes of hæmorrhage at this time being granular endometritis, atheroma of uterine blood-vessels, vasomotor relaxation, uterine polypus, uterine myofibromata, and carcinoma of the uterus. Of this last new growth, hæmorrhage is the danger-signal which, if appreciated by the physician, may result in years of comfort and health to the victim. If neglected, however, a horrible death awaits the patient. During the early history of carcinoma, the tumor is local and circumscribed, but later becomes hopelessly disseminated. The cervix is the most frequent seat and epithelioma the most common form of malignant tumor. The history of hæmorrhage after the menopause with offensive discharge is almost pathognomonic of malignancy. The most rational treatment is complete removal of the diseased uterus, with appendages, before extension has taken place into the surrounding tissues.—Medical Record.

Jacksonian Epilepsy Due to Cerebral Abscess Following upon Typhoid Fever.—A. C. Brown, M.B., reports the case of a girl, aged 19, who had had typhoid fever in May, 1899, being ill nine weeks. Toward the end of the fever she exhibited some nervous phenomena, the tongue being drawn to the left side, with twitching of the left side of the face and the left arm and leg. After leaving the hospital she returned to work, but suffered from headaches, and two weeks before re-entering the hospital (in October, 1899) had a typical attack of Jacksonian epilepsy, the shaking beginning in the left hand and extending all over the left side of the body. After entering the hospital the headaches and twitchings became worse, and there was almost complete loss of power in the left arm and leg. An operation was determined upon, and the skull was opened over the fissure of Rolando. The dura mater bulged out, and when it was punctured about three ounces of pus escaped, bacteriological examination of which gave a pure culture of the *staphylococcus pyogenes aureus.* A drainage-tube was inserted and the wound closed. The headaches and tremors disappeared, and the patient has gradually recovered the use of the left arm and leg, until she is now (July, 1900) perfectly well.—New York Medical Journal.

Saratoga County (N. Y.) Medical Association.—This association was recently or-

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ganized with the following officers: President, Dr. F. J. Sherman, of Ballston; vice-president, Dr. G. F. Comstock, of Saratoga; secretary, J. F. Humphrey, of Saratoga; treasurer, Dr. W. E. Swan, of Saratoga.

Professor Gegenbaur.—Professor Gegenbaur, of Heidelberg, is to retire in April. Max Fürbringer, now at Jena, has been appointed his successor.

University of Dallas. — We learn from the Medical Record that the University of Dallas has recently received its charter from the State of Texas and the first board of directors has been elected. At present only the school of medicine will be inaugurated. The faculty consists of the following physicians: Drs. J. E. Gilcreest, of Gainesville; V. B. Armstrong, of Dallas; B. E. Hadra (President Texas Medical Association), of Waco; S. E. Milliken, of Dallas; Joe Becton, of Greenville; L. Ashton, of Dallas; C. M. Rosser, of Dallas; A. F. Beddo, of Dallas; J. B. Titterington, of Dallas, dean of the faculty.

Associate Editor. — Dr. William C. Krauss, of Buffalo, has been made one of the associate editors of the Psychiatrische Wochenschrift, published under the direction of Dr. J. Bresler, of Freiburg (Schlesien), Germany.

Dr. W. A. Stoker.—Dr. W. A. Stoker has resigned the superintendency of the Southern Hospital for the Insane in Illinois in order to accept the post of superintendent at the Indiana Southern Hospital for the Insane at Evansville.

Queen's University, Kingston (Canada). —Dr. Fife Fowler, who has been connected with Queen's University Medical Department, Kingston, for fifty years, has resigned the position of Professor of the Practice of Medicine. Dr. James Third, late superintendent of the Kingston General Hospital, is his successor. Dr. Fowler will retain the honorable position of Dean of the Medical Faculty.

Trophic Changes in Consumption. — These changes enumerated are: idiomuscular contraction, smallness of the heart, pathological changes in the pharynx, paresis of the soft palate on the infected side, ear troubles, pityriasis tabescentium, pigmentation of the iris and mammilla, changes in the skin, loss of hair, disturbances of sensibility, fatty degeneration of the liver, gastric disturbances, intellectual impairment, increased sexual desire, and amyloid degeneration. Herbert thinks these due to the action of the bacteria, and the nerve-terminals being affected. He reports several cases of unilateral trophic symptoms corresponding to those of the lesions of tuberculosis on the same side.—Journal Amer. Med. Assoc.

Traumatic Valvular Lesions of the Heart. —Castiaux and Laugier, who are prominent in legal medicine, presented this communication at the International Medical Congress. The main points are as follow: Violent contusions of the thorax, whether from a fall or blow, or compression between two resisting bodies, are capable of producing a valvular lesion even in a healthy heart, and still more easily if the organ be diseased. These valvular lesions are almost always immediate, —rupture or laceration,—but they may also occur later, and only appear subsequent to a myoendocarditis resulting from the traumatism. When they are immediate they produce insufficiency of the injured orifice from the start, liable to be complicated later with pathological processes from lesions of the endocardium, of some other orifice, or of the large vessels of the heart. The aortic is the valve most frequently injured from this cause,—25 out of the 36 cases known to date; next the mitral, with 8, and exceptionally the semilunar with 2 and tricuspid with 1. The physical signs are about the same as those of a spontaneous valvular lesion, but the murmurs are more intense and prolonged, and the flaps of the valve or torn

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chordæ floating in the blood-current impart a peculiar tone and vibration to the morbid sounds. The prognosis of traumatic insufficiency is more serious than that of spontaneous lesions, and the course of the affection is more rapid. The organ is overwhelmed suddenly. Long survival is, however, possible, and even recovery, although extremely rare. When a cardiac affection is the result of external traumatism, the responsibility of the author of the injury is singularly aggravated. An unpublished case is described in detail. Besides intense signs of aortic insufficiency, there was a holodiastolic, musical, slightly-piping "steam-tug" murmur. — Journal Amer. Med. Assoc.

Joint and Cutaneous Metastases With Blennorrhœa Neonatorum. — J. Paulsen writes of a case in which pure gonococcic metastases occurred in the joints of a 2-months babe, consecutive to gonorrhœal ophthalmia. The skin around the affected joints became œdematous, and finally exanthemata appeared, evidently due to invasion from the deeper tissues. One knee required operation and the gonococcus was found pure in the pus and in the surrounding exanthem. Complete restitution was obtained.—Journal Amer. Med. Assoc.

College of Physicians and Surgeons, Chicago. — In addition to the faculty changes already noted, the following appointments have been made: Dr. Harris E. Santee, Professor of Anatomy; Dr. John L. Porter, Professor of Orthopædic Surgery; Dr. Joseph M. Patton, Professor of Physical Diagnosis; Dr. Daniel N. Eisendrath, Professor of Clinical Anatomy; Dr. Don L. Shaw, Professor of Anatomy; Dr. Julius H. Hoelscher, Professor of Clinical Medicine; Dr. Bernard Fantus, Adjunct Professor of Materia Medica; Dr. August F. Lemke, Adjunct Professor of Practice of Medicine; Dr. Edward H. Lee, Adjunct Professor of Practice of Surgery; Dr. James M. Neff, Adjunct Professor of Practice of Medicine; Dr. Aristides E. Baldwin, Adjunct Professor of Stomatology; Dr. Eugene R. Whitmore, Adjunct Professor of Chemistry; Dr. Samuel J. Walker, Adjunct Professor of Clinical Anatomy and Instructor in Surgery; Drs. Edward F. Wells, William K. Jaques, and James W. Walker, Adjunct Professors of Practice of Medicine; Dr. Leo Loeb, Assistant Professor of Pathology; Dr. William H. Rumpf, Instructor of Gynæcology.

Large Bequest to a Hospital. — By the will of the late Charles Edward Orme, of Philadelphia, an estate of $50,000 is devised to the Episcopal Hospital, to maintain as many free beds, to be known as the "Charles Edward Orme Free Beds," as the income will support, after the death or remarriage of the widow.

Professor George W. Crile.—Dr. George W. Crile, of Cleveland, has been appointed to the chair of clinical surgery in the Medical Department of Western Reserve University.

Abnormal Nerve-signs and Other Defects in Children.—A committee of the British Association presented a report at the last annual meeting summarizing an extended series of observations on the face, hands, and eye-movements of children, as signs of their brain-condition indicated by attitude and movement. The facts upon which this report was based are "all the cases with any abnormal nerve-signs, occurring in the records of the Childhood Society among the 50,000 children examined." The cases are grouped as presenting signs in (1) the face, in its expression, frowning, grinning, etc.; (2) the hand, in its balance or finger-twitchings; (3) the eye-movements, as wandering or not, under control; (4) in balance of the head, spine, or other parts, etc. The report says in making a rapid observation of children it is sometimes convenient to examine and classify cases according to the part of the body in which irregular action is seen, in place of indicating the detailed points ob-

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served, though 21 signs in all have been defined. It appears that the hands when held out free on direction to do so were in 1520 boys and 1138 girls drooped, slouching, held asymmetrically, or showed finger-twitching and overaction. The face in 1133 boys and 570 girls was lacking in expression and tone or showed twitches and other irregular action, while "eye-movements" were not well under control in 351 boys and 259 girls. It is thus obvious that much may be learned from the hand-balance and steadiness of the fingers as signs of a well-trained brain or its disorderliness; these points, as well as good control of the eyes to attention under direction and good expression in the face, are objects that deserve careful notice both in diagnosis and in school-training. This is the eighth annual report of the committee. Among results of their work evidence has been advanced on many interesting problems. With certain constitutional conditions of congenital deficiency and acquired defects as found among boys and girls, respectively, the *status* varies in the age-groups. The main classes of defect are more frequent with boys, while girls with defective constitution tend in larger proportion than the boys to ill health. The heavy mortality of infancy falls principally on the boys and is largely due to developmental defects, while the children with such congenital defect who survive add largely to the number of dull and delicate persons in after-years. It has been shown that good effects follow the employment of physical training at school in diminishing the proportion of dull pupils. An important mathematical paper on "Association of Attributes in Statistics, with Illustrations from the Material of the Childhood Society," etc., by Mr. G. Udny Yule, has been published in the "Philosophical Transactions of the Royal Society," affording confirmation of some of the deductions made in this report, while giving valuable suggestions for improved methods of statistical research in these lines.—Lancet.

Picturesque Galveston.—At the time of the storm, September 8th, the Galveston Tribune had in press a very handsome publication entitled "Picturesque Galveston." It is a book of something over a hundred pages, printed on 80-pound coated paper, filled with views of Galveston, one of the most beautiful cities in the world. It was to have been issued by the businessmen of Galveston as a souvenir advertisement of the city. They find that possibly one-half of the edition can be saved, and are now binding these copies and will have them ready for delivery very shortly.

The Galveston Tribune has tendered the profits of this publication to the Galveston Relief Committee, and under their auspices the book will be sold to the generous public at $2.00 a volume. The book is one of the handsomest things that has ever come from the printing-press, and is a souvenir of Galveston the day before the storm. As a record of what the city was and as a prophecy of what the city will be when restored, this volume is well worth the money, as it is the only thing of record in that line. Besides, purchasers will have the satisfaction of knowing that they are contributing to the relief of thousands who were left homeless and destitute by the hurricane.

They were able to save, perhaps, 3000 or 4000 volumes. Of course, the first orders received will be the first orders filled. Orders received after the edition is exhausted will be returned with the cash. Address all orders and make checks payable to the Galveston Tribune.

The Twentieth-Century Magazine. — A new century brings new conditions and new methods of meeting them. Fifty years ago the average American was content to get his news once a week. Now he demands it twice a day, with relays hourly when things are happening in Africa and China.

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The Curtis Publishing Company bought The Saturday Evening Post because it believed that the public which demands its newspaper twice a day would want a popular literary magazine once a week, provided it adjusted itself to the new conditions and rightly gauged the demand of the twentieth century. And that demand, it felt, would be for a magazine of the best quality that money and brains could make, sold at as low a price as modern machinery and methods could produce it.

To improve the quality and at the same time lower the price of a publication two things are necessary: a great circulation and the best machinery that human ingenuity can devise. The first has been achieved, for The Saturday Evening Post has a weekly circulation of a quarter of a million, and new subscriptions are coming in at the rate of a thousand a day. Again, its ten new presses have just been installed in its new eight-story building, which, together with its old facilities, give it the largest and most complete periodical plant in the world.

This addition to the equipment of the Curtis Publishing Company, with the auxiliary machinery specially designed for The Saturday Evening Post, the whole involving an outlay of half a million dollars, will enable it to lessen the mechanical cost of the magazine, and to print the edition of 500,000 weekly toward which it is rapidly growing. And this cheapening of cost and increase of circulation will permit the publishers to make permanent the price which, under old conditions, they were able to put out only as a special and limited offer: a year's subscription to The Saturday Evening Post, fifty-two numbers, including the regular monthly double numbers and the special holiday issues, for one dollar.

Ladies' Home-Journal.—The problem of enlarging the White House without destroying the noble lines of the present historic mansion or subordinating it, is successfully solved in the November Ladies' Home-Journal. The plans presented by Colonel Theodore A. Bingham, the government official in charge of the White House, provide for an imposing building, comporting with our national dignity, and offering the President ample office space and living room under one roof. In the same issue of the magazine "The Loveliest Woman in all America" gives a charming pen-picture of Emily Marshall, whose transcendent beauty was so much admired three-quarters of a century ago. The personal and artistic sides of Ethelbert Nevin, the composer, are brought to light in "The Man Who Wrote Narcissus," and the other notable features: "The Story of a Young Man," by Clifford Howard; "The Successors of Mary the First," by Elizabeth Stuart Phelps; "Blue River Bear Stories," by the author of "When Knighthood was in Flower," and "Josiah Allen's Wife's" fourth visit, will be read with interest and enjoyment. Edward Bok condemns the lack of taste shown in furnishing American homes. The photographic views of "The Most Artistic House in New York City" cover two pages, and will prove a revelation. A page drawing by A. B. Frost shows his country folks "Waiting for the Mail," a remarkably interesting illustration. There are plans for "A Quaint Old-Fashioned House for $6600," and innumerable articles on woman's work and allied themes, including, of course, the fashionable things in women's attire. By the Curtis Publishing Company, Philadelphia. One dollar a year; ten cents a copy.

Dr. Stengel. — Dr. Alfred Stengel has been appointed on the medical staff of the Pennsylvania Hospital in succession to the Late Professor J. M. Da Costa.

Professor Corfield. — Prof. W. H. Corfield, M.A., M.D., Professor of Hygiene in University College, London, has been elected a foreign corresponding member of the Royal Academy of Medicine of Belgium.

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The American Illustrated Medical Dictionary. — Under the above title W. B. Saunders & Company are about to issue a work by Dr. W. A. N. Dorland, editor of the American Pocket Medical Dictionary. The new work contains all the latest words introduced into medical literature, many original tables and colored plates drawn especially for this book. It includes new tables of stains, staining methods, tests, etc.

Pan-American Medical Congress. — The next meeting of this body will be held in the city of Havana, Cuba, on December 26th, 27th, 28th, and 29th. The congress is organized in twenty-two sections, as follows: Medicine, general surgery, military medicine and surgery, obstetrics, gynæcology and abdominal surgery, therapeutics, anatomy, physiology, pædiatrics, pathology, ophthalmology, laryngology and rhinology, otology, dermatology and syphilography, general hygiene and demography, maritime hygiene and quarantine, orthopædic surgery, mental and nervous diseases, dental and buccal surgery, medical pedagogy, medical jurisprudence, and railway surgery.

Election of a Surgeon to the Meath Hospital, Dublin.—Richard Lane-Joynt, M.D., F.R.C.S.I., was elected Surgeon to the Meath Hospital in room of the late Sir William Stokes. Mr. Lane-Joynt has filled the position of assistant surgeon to the hospital for the past seven years. He has devoted special attention to the study of x-ray sciagraphy.

Systematic Disinfection.—The secretary of the Michigan State Board of Health has issued circulars giving instruction as regards disinfection of school-rooms, books, papers, money, and letters, and also instructions for consumptives and their friends.

Quiet Iritis.—Eighteen years ago the patient was struck in the left eye with a piece of steel, making a lacerating wound through the cornea and involving the iris. It healed up within a week or so, and he returned to his work and had no further trouble until about early in 1898. Then, while shaking a mat, he got some dust into his eye, and a short time after he had more or less inflammation, which practically destroyed what little sight he had.

The other eye remained in good condition until about January 1, 1900. He then noticed that from day to day the sight became dim, but there was absolutely no pain and none of the characteristic symptoms of sympathetic iritis.

"On examination of his right eye I find there has been an inflammation of the iris, but no pain whatever. Such a condition, of course, sometimes occurs, but is rather rare. The name given to it sometimes is 'quiet iritis'; Dr. Mathewson, I believe, calls it 'sneak iritis,' and that is a very good term for it, because such an attack comes on in a very insidious manner; the only symptom complained of is the impairment of vision, but there is no pain or any of the characteristic symptoms of the ordinary iritis. In addition to that I find there are many opacities in the vitreous and in the retina. They cannot be made out without the ophthalmoscope, but the condition of the iris can be readily seen."—Dr. John W. Ingalls, in the Brooklyn Medical Journal.

Deaths of Eminent Medical Men.—During the past few months the medical profession has suffered the loss of a number of men who were eminent in its ranks.

Professor Jacob Da Costa, the distinguished clinician, succumbed to an affection of the heart. Professor Da Costa was celebrated as a lecturer and writer. His work on "Diagnosis" has long enjoyed the highest reputation.

Professor Lewis A. Sayre has also passed away from the scenes of this earth. He was one of the founders of Bellevue Hospital Medical College, and was in former years an efficient health officer in New York

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City, but his fame chiefly rests upon the original work which he did in orthopædic surgery.

Professor Hunter McGuire, of Richmond, Va., the surgeon in attendance upon "Stonewall" Jackson, and long a leader in surgery, renowned as a teacher, operator, and writer, died in consequence of an apoplexy from which he had never wholly recovered. Profesor McGuire had been a prominent figure in the councils of the American Medical Association.

Dr. Lawrence Turnbull, of Philadelphia, was one of the first in this country to devote himself to diseases of the ear, in which field of practice he was one of the highest authorities. His writings on anæsthesia are also well known. Dr. Turnbull attained the age of 79 years.

In England Sir Henry Acland, long the Regius Professor of Medicine in Oxford University, recently died at the age of 85.

Dr. Domingo Freire, well known by his researches in yellow fever, died recently at Rio de Janeiro.

Colorado State Board of Health.—Dr. M. Beshoar, of Trinidad, Col., has been appointed member of the Colorado State Board of Health, *vice* Dr. A. B. Harbison, resigned.

Locomotor Ataxia with Nasal Crises.—Among the rare forms of crises associated with locomotor ataxia nasal crises must be reckoned as among the rarest. In a recent issue of the Revue de Médecine Dr. Henri Jullien reports an interesting case illustrative of this rare condition. The case was that of a man, aged 55 years, the subject of alcoholic and sexual excesses, but free from syphilis. He developed symptoms of locomotor ataxia (absence of knee-jerk, Romberg's symptoms, Argyll-Robertson pupils, etc.), and for the last four years was subject to nasal crises. These consisted of paroxysmal attacks of sneezing, which developed unexpectedly and without coryza. Each such attack was preceded by a sensation of pins and needles or of tickling deep within the nasal fossæ. These paræthesiæ lasted for about three minutes, and then the attack of sneezing would commence and last about a quarter of an hour. During each such attack he would sneeze violently about twenty or thirty times. Such attacks occurred frequently during the day, but were never accompanied by nasal catarrh or excess of secretion. For some years the sense of taste had been defective, and at times he suffered from an intensely-bitter taste in the mouth especially at night. At such times he would wake up and find himself salivating profusely. At the end of an hour both the salivation and the bitter taste would disappear. Physical examination of the cheeks showed the presence of anæsthesia and analgesia in the buccal mucous membrane and in the vestibule of the nose. The skin on the cheeks also showed diminished sensibility and the naso-conjunctival reflex was abolished. There was neither taste nor smell and the pharyngeal reflex was abolished. Hysteria could be excluded in this case. Deglutition was normal, and both sight and hearing appeared to be good. The case was one of genuine tabes dorsalis.—Lancet.

Dr. Yersin.—Dr. Yersin, to whom the Academy of Moral Sciences recently awarded a prize of 15,000 francs in recognition of his services to the cause of philanthropy, has devoted the sum to his anti-plague-serum establishment at Nha-trang.

Book Reviews.

Atlas and Epitome of Diseases Caused by Accidents. By Dr. Ed. Golebiewski, of Berlin. Authorized Translation from the German, with Editorial Notes and Additions, by Pearce Bailey, M.D., Consulting Neurologist to St. Luke's Hospital and the Orthopædic Hospital, New York, etc. With 40 Colored Plates and 143 Illustrations in Black. Philadel-

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phia: W. B. Saunders & Company, 1900. Price, $4.00 net.

The author has prepared an unusually interesting and valuable work upon a subject which should appeal to all practitioners. For, whereas we are carefully taught the various accidents and injuries and the proper modes of treatment in our treatises on surgery, yet the ultimate effects of these injuries do not, as a rule, receive the attention they merit. It has been recognized that in numerous instances after recovery from the immediate effects of accident the disturbances of the nutrition of special organs or systems may become manifest, and may proceed onwards to life-long disease, in many cases involving some portion of the nervous system. This is a class of disease and symptoms which deserve the attention and earnest study of every practitioner, for they are sufficiently common, they often come under the observation of the family physician, and they often, furthermore, lead to suits in the courts. In such conjuncture the medical man is anxious to appear with credit, to justify his methods of treatment, and to prove that he possesses a competent knowledge of the subject. On all such points the book before us is very helpful. The excellent plates are of material assistance to the text.

Modern Surgery, General and Operative. By John Chalmers Da Costa, M.D., Professor of the Principles of Surgery, and of Clinical Surgery in the Jefferson Medical College, Philadelphia, etc. With 493 Illustrations. Third Edition, Revised and Enlarged. Philadelphia and London: W. B. Saunders & Company. Price, Cloth, $5.00 net; Half-morocco, $6.00 net.

This excellent manual has performed a very useful purpose, and has met with deserved appreciation. It is of a convenient size for the student of medicine and the young physician. It is not desirable that the former should be overwhelmed by encyclopædic treatises, and the circumstances of the latter often forbid the accumulation of elaborate works. The young surgeon, however, needs a text-book which shall be thoroughly reliable within its self-appointed limits. This *desideratum* he obtains in the present work. The practical experience which the author has gained in his contact with successive classes of young men has stood him of good service in the preparation of a safe guide to the vast field of general surgery. He has wisely refrained from introducing matter relative to the specialities, since in a book of this size it would not be possible to do them anything like justice, and anything less is unsatisfactory. For the principles of general surgery, however, this work is of decided value, as it describes specifically the facts which lie at the basis of surgical pathology. The author's account of the symptoms of surgical affections is graphic, and leads in a natural way to the important subject of diagnosis, which is discussed in each instance with a just sense of its fundamental importance. In his sections on the treatment of individual affections the author is wisely conservative, and in his descriptions of special methods of operations his language is clear. The book has been revised and brought up to date so as to be representative of the present *status* of the principles and practice of general surgery. Particular attention has been given to the subjects of fractures and dislocations.

The Student's Medical Dictionary. Including all the Words and Phrases Generally Used in Medicine, with their proper Pronunciation and Definitions. Based on Recent Medical Literature. By George M. Gould, A.M., M.D. With elaborate Tables and a New Table of Eponymic Terms and Tests. Eleventh Edition, Enlarged. With many Illustrations. Philadelphia: P. Blakiston's Son & Co., 1900.

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Any work which has achieved eleven editions within the space of a few years has certainly proved its right to live and stands in no need of commendation at the reviewer's hands. This work has been of great assistance to the class for which it was particularly designed, and the experience of each year and each successive issue has taught the author and the publisher how to improve the book without modifying or changing its general plan. All the terms currently used by good writers are enumerated in this dictionary, and the definitions are succinct and correct. Little more can be said in commendation of a medical dictionary for students. We will mention another satisfactory point: the work is neither too small nor too large, but a just medium.

Atlas and Epitome of Gynæcology. By Dr. Oskar Schaeffer, Privat-docent of Obstetrics and Gynæcology in the University of Heidelberg. Authorized Translation from the Second Revised and Enlarged German Edition. Edited by Richard C. Norris, A.M., M.D., Surgeon-in-Charge of Preston Retreat, Philadelphia; Gynæcologist to the Methodist Episcopal Hospital and to the Philadelphia Hospital, etc. With 207 Colored Illustrations on 90 Plates and 62 Illustrations in the Text. Philadelphia: W. B. Saunder & Company, 1900. Price, $3.50 net.

This is a very satisfactory performance. To a very great extent the admirable plates tell their own story. As an assistance to the rightful interpretation of the plates, which are so faithful to nature that they replace, as far as anything possibly can, the actual morbid specimens themselves, the author's brief, but suggestive, descriptions and explanations are of the utmost value. The work is of moderate size, and is extremely well adapted to serve as an introduction to more voluminous treatises. The sections on treatment are conservative, and have been revised, wherever necessary, by the American editor to represent the general methods employed in this country.

Modern Medicine. By Julius L. Salinger, M.D., Demonstrator of Clinical Medicine in the Jefferson Medical College, etc., and Frederick J. Kalteyer, M.D., Assistant Demonstrator of Clinical Medicine in the Jefferson Medical College, etc. Illustrated. Philadelphia and London: W. B. Saunders & Company, 1900.

The preliminary portion of this work contains a useful summary of our knowledge concerning pathogenic bacteria, together with sections upon methods of examination and physical diagnosis and the laboratory modes of examining the contents of the stomach and various secretions. In the main body of the work the medical diseases which afflict humanity are described according to a classified arrangement. The book is carefully and concisely written. The chief points of symptomatology and diagnosis are given in an instructive manner, and stress is laid upon the light which laboratory-research has thrown upon many subjects. The work is well adapted to answer a useful purpose as an introduction to the study of internal medicine, both at the bedside and in the clinical laboratory. The illustrations are most excellent.

Essentials of Histology. By Louis Leroy, B.S., M.D., Professor of Histology and Pathology in Vanderbilt University, Medical and Dental Departments, etc. Arranged with Questions Following each Chapter. 72 Illustrations. Philadelphia: W. B. Saunders & Company, 1900. Price, $1.00 net.

This modest work constitutes No. 25 of "Saunders's Question Compends." It has been carefully prepared to present the essential points of a very important branch of medical science. The text is necessarily condensed, but within the appointed limits

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is to be commended. The excellent illustrations are of appreciable help.

Saunders's Pocket Medical Formulary. With an Appendix Containing Posological Table; Formulæ and Doses for Hypodermic Medication; Poisons and their Antidotes; Diameters of the Female Pelvis and Fœtal Head; Obstetrical Table; Diet-list for Various Diseases; Materials and Drugs used in Antiseptic Surgery; Treatment of Asphyxia from Drowning; Surgical Remembrancer; Tables of Incompatibles; Eruptive Fevers; Weights and Measures, etc. By William M. Powell, M.D. Sixth Edition, Thoroughly Revised. Philadelphia: W. B. Saunders & Company, 1900. Price, $2.00 net.

The title-page fairly describes the scope of this reference-book, which is beautifully issued. The author has brought together, from many approved sources, formulæ which have been used with benefit. The diseases are arranged in alphabetical order. As far as possible, important new drugs have been introduced as indicating the uses to which they are applied and the manner in which they are prescribed and combined. The sources of the prescriptions are given. The numerous tables have been well compiled. The book is a creditable one of its class.

Warner's New Therapeutic Reference-book. This little volume contains a number of tables and miscellaneous information serviceable to the practitioner, a list of diseases and their remedies, a list of remedies classified in regard to their physiological and therapeutical actions, a table of common tests, etc. It may often be found of service as a reminder.

CURRENT MEDICAL LITERATURE.

Bread and the Principles of Bread Making. By Helen W. Atwater. U. S. Department of Agriculture, Farmers' Bulletin No. 112. Prepared under the supervision of the Office of Experiment Stations, A. C. True, Director.

Deutsche Stimmen aus Deutschen Ländern. Gesammelt von Frau Prof. Dr. J. H. W. Stuckenberg, 17 Arlington Street, North Cambridge, Mass.

Defects of Speech. A Clinical Lecture Delivered at the Polyclinic Hospital, Philadelphia. By G. Hudson Makuen, M.D.

Report of a Case in Which Defective Speech Results in some Interesting Derangements of Cerebral Functions. By G. Hudson Makuen, M.D., Philadelphia.

Public Health Reports, Washington, D. C., July 6, 1900. Volume xv, Nos, 27, 29, and 33.

Report of the Board of Health of the City of Reading for the Year 1899.

Behandlung von Aneurysmen mit Elektrolyse durch eingeführten Draht. Von Dr. Albert Bernheim, Assistenten aus dem Philadelphia Policlinic Hospital and College for Graduates in Medicine in Philadelphia, Pa.

Mrs. Chadwick's Carrier. By Russell Bellamy, M.D., Newport, R. I.

Reports of Cases. Read Before the Luzerne County Medical Society, at Wilkes-Barre, Pennsylvania, December 21, 1898. By G. W. Guthrie, M.D., Wilkes-Barre, Pa.

The Production of Diastase by Microscopical Plants, Illustrated by Stereopticon Views. By Jokichi Takamine, M.D., Brooklyn, N. Y.

The Conservative Treatment of the Myomatous Uterus. By Hunter Robb, M.D.

Abdominal Section Under Cocaine Anæsthesia for Retroverted Adherent Uterus in a Case With Marked Cardiac Symptoms and Goitre. By Hunter Robb, M.D.

Announcement of the College of Physicians and Surgeons of Baltimore, Md., 1899-1900.

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COMMERCIAL NEWS.

THE USE OF HYDROZONE AND GLYCOZONE IN GASTRIC AND INTESTINAL DISTURBANCES.

By W. H. Vail, M.D.,

Physician and Surgeon; Medical Examiner for Fraternal Mystic College, Philadelphia, Pa.; Assistant Editor of St. Louis Hospital Bulletin; Visiting Surgeon to Mayfield Sanitarium; House Physician for Wm. Barr Dry-goods Company,

ST. LOUIS, MO.

I HAVE, for a long time, been rather enthusiastic over the value of hydrozone and glycozone in treating diseases, and can attribute much valuable assistance and extraordinary results from their use in the last few years. The medical profession, in fact, has never gained such remarkable results from the employment of any production as it has from the use of these preparations, and my recent effects have almost, in a measure, surpassed them all. I will give a brief report of one remarkable case. I could mention several others, but a physician's time is valuable, and often he has not the moment to spend in perusing a legion of cases, so I select this one, it being the severest of all, to demonstrate the potency of hydrozone and glycozone:—

I was called to treat a young man, suffering from a severe gastro-enteritis. I found him in a most serious condition, having been delirious for three days. His temperature was 97.6°; pulse, 60; respiration, 16. He was greatly emaciated, atonic, had inappetence, a severe agonizing pain in the stomach and intestines, at times so severe that he would sit on the edge of the bed and groan, oftentimes yell. These attacks were always of a similar nature and occurred regularly. He was unable to take either solid or liquid food, even in small quantities, without causing a return of the pain, a teaspoonful of milk being sufficient to produce it. His condition was pitiable. His cheeks were hollow, eyes congested, skin pale and sallow, and his whole appearance showed the presence of intense pain.

I was called at the end of the third week of his illness. The former physician had employed opiates in large doses with most worthless results; also many other drugs with not a sign of improvement, he growing seriously worse. I determined that hydrozone and glycozone were the remedies indicated, and were the only ones that would be of value here; therefore I gave him, at once, $^1/_2$ glassful of a mixture of $^1/_2$ ounce of hydrozone with a little honey to 1 quart of water. He was somewhat disturbed for awhile after the portion, but was soon relieved. The distress, I presume, was due to the advanced stage of the inflammation. I continued to administer this for some time, with only a slight improvement, but, after several doses had been taken, the relief was very decided. After his nourishment, I gave 1 teaspoonful of glycozone in a wineglassful of water. After a few doses of this he was much easier and, at midnight, fell asleep and slept all night, not awakening until morning: the first sleep that he had had in five days. I had previously discarded all other remedies, of which there was a large number, as one after another was given with no benefit. All of the acute symptoms disappeared in a few days, at which time he felt very much better, and he continued to improve without having a recurrence of any of his old severe symptoms. Before this I had increased both the nature and the quantity of his food, which he relished greatly. I continued the hydrozone and glycozone for a month after, to entirely reduce the inflamed condition of the mucous membrane of the gastro-intestinal tract. These two remedies have afforded me most excellent issues many times in the treatment of gastric and intestinal disorders.

All gastric and intestinal disturbances are caused by the lining of the stomach becoming inflamed, and, in order to allay

(CONTINUED ON ADVERTISING PAGE 18.)

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A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

W. R. WARNER & CO.'S SOLUBLE SUGAR AND GELATIN COATED PILLS

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TONO-NERVINE TABLETS.

Each containing

Phosphorus . . . 1-100 gr. Ext. Sumbul . . . ½ gr.
Ferri Carb. . . . 1½ grs. Asafetida . . . . . ½ gr.
Ext. Nuc. Vom. . 1-10 gr.

Dose—Two tablets before meals, for adults.
$1.00 per 100.

PIL. CHALYBEATE.

(W. R. WARNER & Co.)

A Most Satisfactory Method for Prescribing Iron as Indicated in

ANEMIA, CHLOROSIS, PHTHISIS.

℞ Ferri Sulph. . 1½ grs. Potass. Carb. . . . 1½ grs.

Dose—One to two pills.

PIL. CHALYBEATE COMP.

The same formula as Pil. Chalybeate with ⅛ gr. Nux Vomica added for its tonic effect.

W. R. WARNER & Co.'S

PIL. CASCARA CATHARTIC.

(DR. HINKLE)

Each containing

Cascarin, Ext. Belladon. . . . ⅛ gr.
Aloin . . . . . āā ¼ gr. Strychnin. . . . . 1-60 gr.
Podophyllin . . . . ⅛ gr. Gingerine . . . . . ⅛ gr.

Dose—One to two pills.
60c. per 100.

PIL. PERISTALTIC.

Each containing

Aloin. . . . . ¼ gr. Ext. Belladon. . . . . ½ gr.
Strychnin. . . . . 1-60 gr. Ipecac. . . . . 1-18 gr.

Dose—One to two pills.
40c. per 100.

WILLIAM R. WARNER & CO., Philadelphia, New York, Chicago.

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Dr. A. Jacobi,
"Therapeutics of Infancy and Childhood"

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embodies all of these valuable suggestions made by this eminent authority, and the practical experience of thousands of physicians proves that our claim "that it will nourish a larger proportion of cases than any other food" is well founded.

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this inflammation, it must first be treated with antiseptics, then with medicaments that both heal and stimulate the mucous membrane that has become diseased. The most common cause for this state of inflammation is a greatly-diminished quantity of gastric juices necessary for digestion; consequently, the food partaken of, instead of being assimilated, ferments; in other words, the peptic glands whose function it is to secrete the gastric juice do not perform their function properly. These must be restored to their normal state at once, which is accomplished by remedies that exert a stimulating effect upon them, and, at the same time, are non-toxic, else the trouble will only be aggravated. Hydrozone and glycozone are the two remedies *par excellence* for these two purposes, and the success that I have obtained from the employment of them during the past few years will lead me to always use them in these disorders.

Hydrozone causes destruction to microbes, has no deleterious action upon animal cells, possesses no toxic qualities, exerts no corrosive effect upon healthy mucous membranes when used in diseases caused by germs, is a pus-destroyer and a stimulant to granulating tissues. Hydrozone is destruction itself to the skin or mucous membrane that has become diseased, and leaves the subcutaneous tissues in a perfectly-healthy state.

Glycozone, while not so rapid in its action as hydrozone, is, nevertheless, just as sure a stimulant, and in all gastric and intestinal disorders exerts a potent and uninjurious effect upon the diseased mucous membrane of the stomach, healing it to a nicety. It is an effective oxidizing agent, has an agreeable, sweet, and, at the same time, slightly-acid taste, resembling lemonade. Its use produces no deleterious action on the heart, liver, or kidneys.

The beneficial results which hydrozone and glycozone have afforded me in the treatment of this class of disorders have caused me to discard all the other methods of treatment by drugs that exert an ephemeral influence, but do not jugulate the offending condition. What is needed in these diseases is an antiseptic that will destroy all pathogenic germs and at the same time stimulate the walls of the stomach. Hydrozone kills the bacteria, dissolves the mucus, and prepares the stomach better to digest the food; in short, it deterges the stomach, hence in it we have an efficient antiseptic. Glycozone removes the mucus from the walls of the stomach, stimulates, and heals. I have discovered these two preparations to be ideal ones in treating this very common and distressing disorder.—Medical Mirror, December, 1899.

ANÆMIA AND ITS RATIONAL TREATMENT.

By W. E. Holland, M.D.,

Consultant to Mary Thompson Hospital, Assistant Gynæcologist to Illinois Medical College,

CHICAGO, ILL.

From the stand-point of our present knowledge, there is no contesting the fact that, in all forms of anæmia, iron, alone, or in combination with other recognized remedies, stands without a peer. The results accruing from its use, however, are in direct ratio to the assimilability of the preparation used.

The condition of the digestive organs during the administration of iron, and the consequent lack of power to utilize the remedy as ordinarily prepared, have presented a very discouraging prospect for the patient and disappointment to the physician, who finds that nearly all the chalybeate compounds can be tolerated but a short time—much shorter than is necessary for the accomplishment of the desired result, producing almost invariably loss of appetite, irritability of the stomach, obstinate constipation, headache, etc.

With an experience of some time in hos-

(Continued on Advertising Page 20.)

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Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

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Subdues Inflammation of Mucous Surfaces of Urinary Passages. Indicated in Cystitis and Urethritis, Acute or Chronic. Impedes Development of Gonococci.

The chemic union of Maisenic Acid—*from Green Corn Silk*—with Lithium, resulting in MAISENATE LITHIUM. 2 grs. to drachm.
DOSE—1 to 2 drachms.

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A Potent Stimulant to the Glandular System. Promptly Reconstructive in Local or General Disturbances of Hard or Soft Tissue.

TONIC, ALTERATIVE, STOMACHIC.

Indicated in Anæmia, Chlorosis, Specific Invasions, and Convalescence.

Each fluidrachm contains:—
1-8 gr. Protochlor. Iron.
1-128 gr. Bichlor. Mercury.
1-280 gr. Chlor. Arsenic.
Calisaya Alkaloid Cordial.

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Resolvent, Regenerant, Antiarthritic, Antirheumatic, Antisyphilitic. Excites Normal Lymphatic Energy, Hastens Waste Elimination, Encourages Resolution, Energizes Iodides and Salicylates.

Colchicine, 1-20 gr.; Decandria, 1-10 gr.; Solanin, 1-3 gr.; Sodium Salicylate, 10 grs.; Iodic Acid (equal to 7-32 gr. of Iodine), in 2 fluidrachms of Aromatic Cordial.

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HEROIN AND TERPIN HYDRATE.

Each Tablet contains Heroin, 1-24 gr.; and Terpin Hydrate, 2 grs.

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ELIXIR OF HEROIN AND TERPIN HYDRATE.

ELIXIR OF HEROIN AND TERPIN HYDRATE COMPOUND.

Contains Heroin, Terpin Hydrate, Refined Oil of Tar, Tinct. Lobelia, Tinct. Gelsemium.

The field of utility of Heroin comprises all diseases of the respiratory tract attended with cough and dyspnea. It is particularly valuable in the treatment of pulmonary and laryngeal tuberculosis, bronchitis, laryngitis, pneumonia, broncho-pneumonia, emphysema, asthma, hay fever, and whooping-cough.

The established value of Terpin Hydrate as an expectorant and alterative in the same class of diseases in which Heroin has been employed, especially chronic bronchitis, asthma, and emphysema, has induced us to offer the eligible combination of these drugs above indicated.

ROBT. T. YOUNG, Apothecary,
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pital as well as private practice, during which I have been fortunately or unfortunately blessed with an unusual number of complicated and apparently uncomplicated cases of anæmia, I have had the inclination and quite ample opportunity to test the various ferruginous simples and compounds as to their relative merits, and of all used preparations those of the solution of pepto-manganate of iron, for their acceptability, unirritating properties, and relative efficacy, held reservedly undisputed sway and preference until the preparation "hemaboloids" was brought to my notice. Skeptical and slow to depart from well-tried, though not entirely satisfactory, paths, I at last did experiment in a case that had resisted, not only my efforts, but those of a number of recognized therapeutists, and obtained unusually satisfactory results.

No irritation of the stomach, no anorexia, no constipation, no headache, but, on the contrary, increase of appetite, regularity of the bowels, increase in bodily weight and red blood-count.

The following is a record of the most obstinate case treated, which may be regarded as a fair specimen result obtained in upward of twenty-five cases.

This case was of particular interest, since the patient presented an exceedingly unfavorable tubercular history, her mother being affected at the time and two sisters having died of the malady.

Treated with hemaboloids, ℥ 1/2, after meals and at bed-time:—

	Wght.	Hæmoglobin	Red bld. count.	White bld. count
1st week,	157	57 per cent.	2,900,000	8,500
2d week,	158	60 per cent.	3,200,000	8,000
3d week,	160	65 per cent.	3,800,000	8,000
4th week,	163	73 per cent.	4,000,000	7,000
5th week,	162	78 per cent.	4,300,000	6,500

Various preparations have, from time to time, been lauded for their effect upon the blood and the blood-making organs, and many of the old tried and new remedies have virtues of varying degree, and I have had a reasonable measure of success with all of them, but, from the almost uniformly gratifying results from the use of the remedy just cited, it certainly has, in my hands and from my experience, been the remedy *par excellence* and well worthy of a trial in all those obstinate forms of blood-impoverishment which resist other recognized treatment.

In closing, let me further remark that, in the treatment of these cases, the necessity and benefit of carefully-selected, concentrated diet, regularity of feeding, fresh air, salt baths, and, last, but not least, keeping the intestinal tract in an aseptic condition must not be lost sight of.—The Medical Times.

Petroleum in the Treatment of Infantile Diarrhœa.

W. E. Fothergill, in conducting his clinical researches (Medical Chronicle, Manchester, England, April, 1900) during the summer of 1899, administered petroleum in thirty-four cases of infantile diarrhœa. "The preparation was an emulsion containing 33 1/3 per cent. of petroleum, and the doses varied from 3ss thrice daily to 3j every four hours; the usual dose for a child a year old was 3j of the emulsion (*m*xx of petroleum) thrice daily. In two cases salol was substituted at the end of a week. One child died. In the remaining cases recovery was rapid and complete. There was no derangement of the stomach, vomiting ceased almost before the diarrhœa was checked, and the stools soon recovered their normal color and consistency. The emulsion seemed also to favor recovery from the accompanying bronchial catarrh. It is said that the whole quantity of petroleum ingested may be recovered from the fæces. Clinical observation shows, however, that petroleum has an influence on mucous membranes other than those of the alimentary canal. Its action in cases of bronchial and vesical catarrh can be explained only by supposing that after absorption from the intestines petro-

(Continued on Advertising Page 22.)

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ANTIZYMA Does NOT contain ANY COAL TAR DERIVATIVES or narcotics.

ANTIZYMA Ensures normal temperature in 12 to 48 hours.

ANTIZYMA Is an absolutely safe tonic cardiac stimulant.

ANTIZYMA Is indicated in all fevers, and works wonders in "La Grippe" and malarial conditions.

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J. ELLWOOD LEE CO.,
Manufacturing Chemists,
CONSHOHOCKEN, PA.

THE MULE ELEMENT

—obstinacy, rebelliousness— in the treatment of anæmia, malnutrition and nervous exhaustion, is a strong plea for

GRAY'S GLYCERINE TONIC COMP.

It's an always effective remedy.

THE PURDUE FREDERICK CO.,
No. 15 Murray Street, New York.

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leum is excreted by various organs. These experiments seem to prove that infantile diarrhœa can be treated successfully without the use of opium or astringents."

Angier's petroleum emulsion has been prescribed by the medical profession of the United States, as well as of England, for many years for just this class of troubles, and the foregoing results have often been verified in the hospitals of this country and by leading physicians.

Angier's petroleum emulsion contains 33 1/3 per cent. of purified petroleum, 9 grains of the combined salts of lime and soda, with glycerin and emulsifying agents, and was probably the emulsion used by Dr. Fothergill. It is particularly adapted to the treatment of infantile troubles. It does not in any way disturb digestion or irritate the stomach, but, on the contrary, benefits them in every way, and children always like to take it. The emulsion may be prescribed to be taken in a little milk or water, which eliminates all taste of the medicine.

Cleanliness of the Sick-room.

Justice to both patient and physician demands that the sick-room be septically clean, especially in the case of contagions. To be clean in the sense of the word as used by the housewife is not sufficient. The free use of reliable antiseptics and germicides is all important and absolutely necessary. This can be best accomplished by a liberal use of saola (Tilden's), diluted 3 parts to 7 parts of water. Cloths wrung from this solution and hung about the room moisten and purify the atmosphere. Vessels of every character should be disinfected by a free use of this solution. Saola is preferable to all others, inasmuch as it is absolutely odorless and non-poisonous, therefore safe in the hands of children and servants; being colorless, it will not stain the most delicate fabric. A disinfectant of the most pronounced germicidal properties. A liberal use of saola (Tilden's) is especially recommended in the presence of epidemics, such as diphtheria, typhoid fever, etc.

An Interesting Case.

Miss E. L. S., aged 27, was first seen May 28th, while visiting relatives here; very anæmic, thin, and of a nervous temperament; much anorexia at times; habitually constipated; complains often of severe headache and palpitation. Menstruation very irregular, lasting from four to ten days, returning every two to five weeks; flow small in amount and nearly colorless, attended by violent pains in lumbar region, groins, with general tenderness over the hypogastric region; no organic lesion of heart, simply functional as result of other lesions. Upon examination detected retroversion of uterus of second degree and a profuse leucorrhœa. Patient had been treated by various physicians for the past six years with negative results, and had taken almost every known uterine tonic and sedative, but received no relief except from the deadly morphia. As she informed me, upon consultation, that from signs and symptoms she thought the period was approaching, I gave her the following:

℞ Phenalgin, 5j.

M. Chart. No. xij.

Sig.: Two at once and one each four hours until flow stops.

This brought the happiest results, the flow lasting but three days, of higher color, more profuse, and unattended by pain. Upon cessation of menstrual flow ordered liquor sedans, in 3 doses, three times daily and phenalgin as above, previous to and during each period.

Patient returned to her home, and in letter of 28th reports that last periods have been painless, and more regular than in years. Still uses phenalgin during period and in intermediate time for headache, which has about ceased.—Gaillard's Medical Journal.

(Continued on Advertising Page 24.)

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ANTITUSSIN.

Difluordiphenyl ointment, unexcelled in whooping cough, shortens the attack and relieves the paroxysm. Sample (20 grams) sent to physicians on receipt of 25 cts.

HYDRAGOGIN.

Diuretic, effects marked and prolonged. Dose, 10—15 drops. Highly efficient in cardiac asthma.

BISOL.

Preferable to the older bismuth salts in all gastro-enteric disorders. Soluble in water. Dose, 3—7½ grains.

KRYOFINE.

Anodyne, antipyretic, hypnotic. Prompt, safe, sure, and pleasant. Dose, 4—7½ grains.

SOSON.

Pure, unaltered, dry meat albumen. All the meat digestible, palatable, cheap.

MENTHOXOL. CAMPHOROXOL.

More powerful and permanent antiseptics than hydrogen peroxide uncombined. Harmless, non-irritant, healing. Sample (¼ lb) sent to physicians on receipt of 25 cents.

AQUA FLUOROFORMII.

Watery solution of the gas C H Fl_3. Highly commended in phthisis and local tubercular lesions (lupus). One pound sample sent to physicians on receipt of one dollar.

DIATHESIN.

Superior to the salicylates, harmless, prompt, no by-effects, palatable. Dose, 5—10 grains.

AMINOFORM.

Uric acid solvent, genito-urinary germicide, excellent in gout and in cystitis. Dose, 5—10 grains.

SAPODERMIN.

Mercurial soap, germicidal, soluble, not toxic, not corrosive. Sample-cake (full size) sent to physicians on receipt of 10 cents.

TORIL.

Solid soluble extract of meat, containing the albumenoids. A perfect nutrient, palatable and efficient.

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Alkaline Water giving for many centuries the best results when alkaline treatment is indicated.

Drink from the **natural spring**, says Sir Henry Thomson, F.R.C.S., London.

Promote more active endosmose, neutralize and wash out of the system all incompletely burnt bodies. To give the name of Vichy water to a mere solution of bicarbonate of soda is as great an abuse of language as to give the name of wine to a mixture of cream of tartar, alcohol, and mineral salts which wine furnishes when analyzed.

CAUTION.—So-called VICHY in Bulk or Siphon is not VICHY.

VICHY IS NEVER IMPORTED OTHERWISE THAN IN BOTTLES.

General Agency, 220 Broadway, New York.

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He Probably Referred to Eskay's Albumenized Food.

"In preparing cows' milk as an artificial food for an infant, milk-sugar can be added and the amount of proteids reduced. Sometimes this reduction of the proteids lessens the strength of infants fed on the mixture, and experience shows that soluble albumen, such as the white of egg, can be added to milk after dilution.

"It is possible that there are differences in the digestion of egg-albumen and lact-albumen, but there are few data. Egg-albumen is a suitable diluent for cows' milk and is useful to bring the proteid percentage up to the standard."—Dr. E. H. Bartley (Brooklyn Medical Journal).

Worthy of Note.

The recent developments in experimental pathology and therapeutics shed a flood of light upon a well-established clinical fact: *i.e.*, that most cases of general debility associated with impoverishment of blood, tissue, and nervous force are unbenefited by the ordinarily-employed tonics, — iron, arsenic, strychnine, etc. Precise methods of investigation show that the essential feature of anæmia, nervous exhaustion and malnutrition, is a failure on the part of Nature to rebuild tissue and force as fast as they are consumed by the physiological functions. Iron, arsenic, strychnine, etc., can never bring about the process of metabolic equilibrium. What Nature needs is help—help along the same lines by which she herself maintains the balance of waste and repair.

Gray's glycerine tonic comp. is uniformly effective because it duplicates and reinforces Nature's methods. This remedy is primarily a stimulant to normal nutritive processes; it begins aright by coaxing atonic, functionless digestive organs to resume their normal work—enables them to digest and assimilate exactly what Nature needs—food for blood, tissue, and nervous force. It is an invariably-effective remedy in anæmia, nervous exhaustion, and malnutrition from whatever cause.—The Purdue Frederick Company, 15 Murray Street, New York City.

Dipsomania.

Being a stimulant to the peptic and hydrochloric glandular system of the stomach, and exercising at the same time a sedative action upon the engorged mucous membrane, three chlorides (Henry) is especially serviceable in those forms of dyspepsia and unequaled for the impaired appetite, nausea, morning vomiting, and other symptoms accompanying dipsomania. —Medical Essays.

Sanmetto One of Our Positive Remedies; One of Our Few Therapeutic Certitudes.

I think I am almost peculiar in my practice of not recommending proprietary medicine. The merits of sanmetto are such, however, that I cannot refrain from adding my testimony relative to its merits. I have used it quite extensively, and it has never disappointed me. It is one of our positive remedies; indeed, it is one of our few therapeutic certitudes. I heartily commend it to the confidence of all physicians.—W. C. Cooper, M.D. (1865, Cincinnati Ecl. Institute), Mem. Ohio State Ecl. Med. Soc., author of "Tethered Truants," Cleves, Ohio.

Nerve-tone Restorative.

Don E. Ashley, M.D., Guy's Mills, Pa., says: "After the mania produced by improper use of alcoholic beverages has been controlled I know of no better compound than celerina to restore tone to the nervous system and vigor to the whole human economy. I find it an excellent remedy for colliquative sweats, especially in convalescent cases of typhoid fever. I speak not from the experiences of other physicians, not from hearsay, but from knowl-

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXII. PHILADELPHIA, DECEMBER, 1900. No. 12.

Clinical Lectures.

FRACTURE OF ELBOW-JOINT.—SARCOMATOUS RECTAL OBSTRUCTION.—MEDULLARY ANÆSTHESIA.

BY ERNEST LAPLACE, M.D.,

Professor of Surgery and Clinical Surgery in the Medico Chirurgical College of Philadelphia.

COMPLICATED FRACTURE OF THE ELBOW-JOINT.

THIS 12-year-old boy fell, six months ago, severely injuring his elbow. The swelling which immediately followed prevented an accurate diagnosis being made by the doctor who first attended him in his country-home. However, there seemed to be a dislocation of the radius and ulna backward. An attempt at reduction had failed. The arm was then bandaged in an extended position, resulting in the ankylosis and useless condition which you now see.

Mere clinical examination would lead us to diagnose this case as one of dislocation simply, although the difficulties that attended an attempt at reduction, and the boggy mass to the inner side of the joint, would indicate that probably this posterior dislocation of the ulna and radius was also attended by a fracture and displacement of the inner condyle of the humerus. There was a time when a scientific discussion of the exact conditions of the case, based on clinical evidence, was proper. To-day no room for such speculation exists. The invaluable services of the Roentgen rays eliminate it. Scientific precision obtained by the x-ray photograph annuls all possible dispute as to the exact disturbance about the joint. On this radiograph, therefore, it appears that our clinical suspicion was correct, and a posterior dislocation of the radius and ulna is clearly evident, as well as a fracture with displacement of the inner condyle of the humerus. Remember, however, that this radiograph only presents the picture of the shadow produced by the opaque bone, but does not indicate the amount of inflammatory disturbance now existing about the joint, and which followed, during the last six months, upon the severe injury and alteration of the parts. These consist in a retraction of the muscles concerned about the joint, principally the triceps, whose insertion is in the olecranon, binding it in its new location. Inflammatory exudate, more or less organized, plasters all the surrounding parts. This has resulted in a complete ankylosis. It is out of the question, therefore, to attempt a reduction of this dislocation. It is equally impossible to hope, under any treatment, to restore a perfect articulation, for the synovial surfaces no longer exist. The treatment must be an operative one, with two objects in view: (1) to place the arm in such position as will

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make it of most use; (2) to give the arm, once in this position, all the mobility compatible with this operative procedure. A resection of the olecranon will allow the proper amount of flexion in this case. We, therefore, make a longitudinal incision posteriorly, extending two inches above and two inches below the olecranon. The tissues are divided to the bone. A thorough dissection is now made whereby the bone is bared. This is done with due care not to wound the ulnar nerve, which lies in the groove of the humerus between the olecranon and the inner condyle, which, however, is displaced downward in this case. The tendon of the triceps is severed at its insertion in the olecranon. The latter is now released, and the arm can be bent so that the olecranon projects from the wound, making it an easy matter to saw it off. This being done, and the arm having been flexed, the wound is packed with iodoform gauze, and the arm placed in an angular splint that maintains it in a proper flexed position. In two weeks the parts will have healed. Passive motion and massage will then develop for this new articulation the maximum amount of mobility.

Spontaneous Resolution of a Sarcomatous Tumor Producing Rectal Obstruction.

You have already seen this patient five months ago. This man, aged 32 years, presented at that time a tumor situated between the bladder and rectum, about the size of an orange, and protruding sufficiently in the direction of the rectum as to completely obliterate its calibre and cause intestinal obstruction. Its size and indefinite origin precluded the possibility of its successful removal, especially in the very weak and emaciated condition of the patient. When brought before you in this condition we performed a left inguinal colostomy as a palliative measure. The operation afforded relief, and his general condition improved. His tumor, however, seemed to enlarge, and pressure-symptoms on the bladder and lumbar nerves developed. There was no history of syphilis; besides he had been given the benefit of the treatment. In about two to three months after the colostomy was performed there seemed to be a decrease in the size of the growth, for the patient would now pass some fæces through the rectum. His condition has improved very much, and, should it continue, this would be one more case to add to the list of spontaneous disappearance of sarcomatous tumors. Considering the malignant nature of sarcoma, the fact that experience demonstrates a possibility of the body ceasing, under certain circumstances, to be a proper soil for its development is of the highest interest.

Medullary Anæsthesia.

The experiments of Corning, of New York, further developed by Franck and Bier, have resulted in practically a new method of regional anæsthesia through the systematic clinical work of Tuffier in Paris. The International Medical Congress, held in Paris last August, will be epoch-making, on account of Tuffier's clear and concise, but positive, announcement of over one hundred cases of operations of major importance, successfully performed on all the regions and organs of the body situated below the diaphragm, in a painless way, by anæsthesia of the spinal cord. No discovery of recent years in medicine created such a sudden wave of enthusiasm throughout the medical world. Long had such an object been desired, and its actual realization,—a patient conscious, while insensible to a major operation being performed upon his body! The cord is anæsthetized by the injection of 15 to 20 drops of a 2-per-cent. solution of cocaine, properly sterilized, in the subarachnoid space, between the fourth and fifth lumbar vertebræ. The solution is sterilized by heating it to 80° during one hour, three days in

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succession. The needle used should be of platinum, that it might not break should the patient jerk or move during its introduction, and it should be eight centimetres long, and be adapted to a sterilizable syringe of the capacity of two cubic centimetres. The patient is made to sit at the edge of the operating-table, and should stoop forward, holding his arms before him. The forefinger of the left hand is then placed upon the spinous process of the fourth lumbar vertebra and the needle is introduced to the right of the finger, directly forward. The needle pierces the muscles, and suddenly the resistance ceases. Now, if the needle has penetrated the subarachnoid cavity, cerebro-spinal fluid immediately exudes. Not until then can one be sure that the needle is in the proper place or should the syringe be adapted to the needle. Fifteen to 20 drops of the cocaine solution should then be slowly injected. This dose is, as a rule, sufficient, for the anæsthesia will last an average of one hour and a half. The dose should be slightly larger for an abdominal operation than for an operation on the lower extremities, for the anæsthesia begins in the extremities after about ten minutes, and creeps gradually up to the nipples, then begins to disappear at the nipples in about forty-five minutes, disappearing gradually to the extremities in one hour and a half. The main drawbacks of the method are the nausea which accompanies the immediate effects of the cocaine, and the headache which is likely to persist for two or three days after the operation. Sometimes nausea also persists during the first day. Syncope has taken place among the very young and very aged. This should be guarded against by the administration of $^1/_{30}$ grain of strychnia or $^1/_{60}$ grain of nitroglycerin hypodermically. A slight elevation of temperature also takes place sometimes,—but is not of any significance. It is quite common, as the analgesia affects the rectum and bladder, for the sphincters to be relaxed, with the passage of urine and fæces involuntarily.

Under this method of anæsthesia I have witnessed, in Professor Tuffier's clinic in Paris, gastro-enterostomies, resection of the intestines, hysterectomies, nephrectomies, dilatation of the rectum, and an amputation of the leg. During all these operations the patients would converse with by-standers, and even joke. When asked if they felt anything, the answer would be that they knew something was being done, but it gave no pain, and felt like cutting one's finger-nails.

Numerous are the cases already reported, and partaking of a certain amount of sameness as far as symptoms are concerned. Suffice it to relate these two cases, which will give a clear account of the practical application of the method, as well as of an anomaly, which precludes the use of this mode of anæsthesia.

CASE I.—M. T., aged 72, was admitted to the Medico-Chirurgical Hospital, October 10th, with a large, sloughing, varicose ulcer of the right leg. A weak heart and albumin in the urine led to the use of cocaine anæsthesia of the cord, to scrape the ulcer and denude the edges. On October 12th the patient had fasted for a day; pulse, 82; temperature, 98.3° F. At 11.32 A.M. 2 cubic centimetres of a 2-per-cent. solution of sterilized cocaine hydrochlorate were injected between the fourth and fifth lumbar vertebræ, into the subarachnoid space. At 11.40 A.M. the pulse was 110, and the patient grew pale and restless. At 11.43 A.M. he became cyanotic and had nausea; the pulse was 120. There was a spasm of the muscles of respiration. I administered $^1/_{40}$ grain of nitroglycerin hypodermically. There was involuntary passage of fæces. Anæsthesia existed from the feet to the knees. At 11.45 the patient breathed more easily, the pallor disappeared, the pulse was 100; anæsthesia extended to the nipples. At 11.50 the opera-

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tion of scraping the leg-ulcer, three inches in diameter, almost to the tibia, was done with a sharp curette. The ulcer was pared of its edges about one-quarter inch around. Anæsthesia was perfect. Patient sighed frequently. At 12.30 anæsthesia persisted up to the diaphragm; the pulse was 64; temperature, 97.5° F.; respiration, 22. At 12.45 sensation was restored from the diaphragm to the ilio-pectineal line. At 1 P.M. sensation was restored to the knees. At 1.05 P.M. sensation was normal in the extremities. The patient was given some ice, as he felt nauseated and thirsty. Since then he has shown no symptoms of interest. There was little or no headache following in this case.

The symptoms of dyspnœa came on with remarkable rapidity. I used 2 cubic centimetres of the 2-per-cent. solution, which was perhaps a large dose for a man of 72 years. The dyspnœa was, however, immediately remedied by the hypodermic injection of $^1/_{40}$ grain of nitroglycerin; 2 cubic centimetres of a 2-per-cent. solution is the dose usually given by Tuffier, as witnessed by myself last summer, without his meeting with any accident.

Summary.—The patient was a male 72 years of age. The injection was 2 cubic centimetres of a 2-per-cent. solution. Toxic symptoms began in 10 minutes; anæsthesia of the extremities followed in 11 minutes; anæsthesia extended to the nipples in 13 minutes; anæsthesia began to disappear about the abdomen in 73 minutes, with total disappearance in the extremities in 83 minutes from the moment of injection. The total duration of anæsthesia from the nipples to the pubis was 60 to 65 minutes. The total duration of anæsthesia from the pubis to the toes was from 65 to 72 minutes. I believe that a preliminary injection of $^1/_{60}$ grain of nitroglycerin would have prevented the depressing effect of the cocaine.

CASE II.—As an anomaly that may be met with in the attempt to practice the cocaine anæsthesia of the cord, the following case is deemed worthy of being recorded: M. H., aged 42 years, suffered with cholelithiasis. There was a history of syphilis. The operation was cholecystostomy. On October 16th cocaine anæsthesia of the cord was attempted. The fifth lumbar interspace was selected, according to Tuffier's directions. The needle used was the same as that in the previous case and which was brought from Paris with me, being the same used by Tuffier. No difficulty was found in introducing the needle in the proper place, but no cerebro-spinal fluid exuded. It was introduced several times in this space, then in the fourth, then in the third, without allowing cerebro-spinal fluid to exude. All care was taken to insure that the needle was not plugged, but to no avail. Thus, twelve punctures were made; the needle surely reached the cord, and touched it, for, after the point fell on the vertebra on one side, and by moving slightly it penetrated the intervertebral space, it was pushed deeper and deeper, and, on reaching the cord, gave, as the patient expressed it, a terrible electric shock to her extremities. Nothing but blood would be drawn into the syringe, when the needle was gradually withdrawn after suction had been made. It was then judged improper to inject cocaine solution, for the absence of cerebro-spinal fluid would have limited the action of the cocaine locally, instead of anæsthetizing the spinal cord. Possibly there was an obliteration of the sac in that region due to chronic syphilitic infection. The patient was subsequently operated upon under ether.

Cincinnati College of Medicine and Surgery.—Dr. C. W. Tangeman has been elected Professor of Ophthalmology in the Cincinnati College of Medicine and Surgery.

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AMYOTROPHIC LATERAL SCLEROSIS AND POSTERO-LATERAL SCLEROSIS.[1]

By F. Savary Pearce, M.D.,

Clinical Professor of Nervous Diseases in the Medico-Chirurgical Hospital of Philadelphia.

It is my pleasure to present for your study to-day two cases of disease of the spinal cord but rarely met with, and singularly, too, these two cases were presented on the same day, as is frequently the case with unusual conditions in medicine. The clinical pictures are quite typical of these rarely-occurring cord-scleroses, in which, therefore, the lower central neurons are affected. Both cases occur in men, and without any neuropathic heredity or history of venereal or other infectious disease to account for the pathogenesis. In the first case, we have involvement of the crossed pyramidal tracts and the multipolar cells in the anterior gray horns, thus giving the peculiar symptomatology dependent upon the amount of encroachment of the disease process upon these structures; and therefore productive of certain symptoms due to physiological aberration consequent *upon* the disturbed structure. In the second case, I take it, we have a sclerosis of the same crossed pyramidal tracts, but, in this instance, the combined sclerosis extends posteriorly, involving the posterior columns,—of Goll,—and in consequence producing a distinct clinical syndrome, again proportionate to encroachment of the disease upon one or the other of these two columns involved.

Amyotrophic Lateral Sclerosis.

Case I.—J. D., white, Irishman, carpenter, aged 43, reported to us March 23, 1900, with the statement that he had been ailing for six months previously. He said the onset of his affection had been very gradual, but progressive, from the first. He states that the first thing noticed wrong was an inability to lift the legs well in walking. Then he noticed he had to support himself in coming downstairs; and about this time he discovered that the grip of the left hand was weak and that he could not handle objects with this hand as before. It should be noted that, four months previously, the man had a fall from a scaffold which caused a contusion of the shoulder without other evidence of violence. At about the time of the trouble complained of in the arm and legs, he found it difficult to pronounce words, although there was no true aphasia, but simply a dysarthria. Nor did he complain of headache nor vertigo, but on reporting he said he had some trouble in swallowing, stating that solids would "stick" in his throat.

Upon examination, we found the gait was hemiplegic, with spastic reflexes on the same side. The left leg was brought down heavily and the right one, it was noticed, was also; but spastic to a much less degree. His station was fairly good with eyes opened and closed; the left knee-jerk was very spastic. The right knee-jerk was much increased; there was no ankle-clonus on the right; grasp somewhat weakened in both hands, but much more so in the left hand, in which there was marked ataxic movements. His speech was slow, indicating a bulbar origin, since there was no cerebral incapacity in this matter. The pupils were equal and moderately dilated, reactive to light and accommodation. The left hand was slightly puffy, due to vasomotor enfeeblement, with a slight wasting noticed in the first dorsal interosseous muscle. There was no disturbance of sensation to touch, pain, or temperature.

The plantar reflex was much increased on the left side, and there was also distinct ataxia in the left leg; there was no palsy of the face-, tongue-, or eye- muscles. There was no alteration of the stereognostic sense, and there was no cardiac murmur; but a slight accentuation of the

[1] Clinical Lecture Delivered at the Medico-Chirurgical College, November 7, 1900.

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aortic sound existed, which is not infrequent in organic nervous disease, as the arterioles are usually sclerosed, and, of course, there was lack of resiliency, thus throwing the blood back upon the aortic leaflets.

The man was placed upon potassium iodide, 8 grains three times a day, and came to the clinic for a time. Since then he has been in the University-of-Pennsylvania Hospital for five months; but, in spite of careful treatment, the disease has progressed. He now complains of the thickness of speech becoming more marked and you notice the choppy, or staccato, manner of talking, as, for instance, when pronouncing his name. There is no trouble in remembering nor in forming the proper word; the lesion causing this symptom, therefore, is of medullary origin, a sclerosis, I take it, of the nuclei of the glosso-pharyngeal nerves. All his extremities are rigid; his gait is semispastic, with pronounced toe-drop. He complains of no pain or tenderness whatever, and he affirms that the stiffness of his legs comes on in attacks. He has been deaf in the left ear, he says, for two years. Prof. E. B. Gleason reports to me that it is of central origin; therefore likely a disease of the acoustic nerve-centre on the left side. Eye examination by Prof. L. Webster Fox is entirely negative.

There is considerable wasting of the interossei muscles, also of the thenar and hypothenar eminences, more marked on the left side. There is some wasting of the shoulder-girdles, specially marked in the scapular region, and there exists a beautiful demonstration of the clinical phenomenon which, if persistent, is evidence of anterior-horn disease, *i.e.*: fibrillary contraction,—a condition almost pathognomonic of anterior-cornua disease, as in so-called progressive muscular atrophy of spinal origin. This is also brought out more distinctly by tapping the muscles affected (the deltoid, etc.). He can raise both arms to his head feebly; the finger-nails are curved and brittle; the knees are rigid, due to muscular knee-joint contractions. There are greatly-exaggerated knee-jerks, with well-marked clonus on the left side and an attempt at clonus on the right side. There is no reaction of degeneration, due to the fact that but comparatively few of the multipolar cells are diseased. There is no rectal or bladder involvement.

This man, therefore, presents spastic gait, with wasting of muscles from the spinal-cord disease (anterior-cornua cells); with bulbar symptoms, as noted in the speech; and with deficient hearing in the left ear, both latter symptoms being due to ascent of the disease to the nuclei of these cranial nerves. The seventh nerve is not involved, and there is no alteration of sensation about the face or other part. There being no mental symptoms and taking the foregoing symptomatology, everything points to disease — progressive in nature—of the pyramidal tracts and anterior cornua. The greater involvement of the left side of the body simply shows that the sclerotic process is more pronounced on the right side of the spinal cord, and these atypical manifestations frequently mislead the neurologist in making the diagnosis of these rarer conditions of central nervous disease.

Postero-lateral Sclerosis.

Case II.—The second case presents also the more marked signs of the disorder upon the left side of the body; and from the fact that the brain is not involved at all, nor the cranial nerves, we are certain that the disease is of the spinal cord alone.

The history is as follows: John G., Irish, aged 57, says he always had been a healthy man, is married, and has three grown-up children. There is no neurotic heredity. He states that the disease started as a "cramp" in the calf of the left leg; this was about April, 1898. Soon the cramp began to occur in the other limb. These

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were relieved by local applications, temporarily at first, but became progressive and annoying. He reported to the Polyclinic Hospital on June 9, 1898, the disease having rapidly advanced; so that it was difficult for him to walk with what I now learn to have been the gait of spastic ataxia. The legs now began to become very ataxic and to grow feeble. The power in the left leg was lost first, then that of the right one, then the left arm, and finally the right one. By the end of August, 1898, he had lost almost completely the use of all four extremities, as he states it, although the combined ataxia with slight paresis, I take it, was the most pronounced cause of his inability to walk or use any of the extremities with any degree of certainty. And this seems to be the trouble with him today, as he lies here on the bed unable to help himself. There is no reaction of degeneration, although the knee-jerks are about lost, the left one responding somewhat more actively than the right. The detrusor muscle of the bladder is deficient, although he has no true incontinence of either vesical or rectal sphincters. Sensation is somewhat obtunded to touch from the eleventh vertebra posteriorly and the umbilicus in front, extending down through the entire left lower limb. This is much less marked on the right side; and there does not seem to be any disturbance of sensation in the upper weakened extremities.

This case then has progressed so that, in little over a year, he has become entirely bedridden. There has been at no time the regressive tendency nor trophic ulceration that would likely have occurred in the case of myelitis (which, in contrast to this case, I here show you. This man was taken with a fulminating disease of the spinal cord—myelitis—six months ago. He had bladder and rectal incontinence, pain and paræsthesia of the lower extremities; was laid up in bed six weeks; and now, after a course of rest-treatment in the ward, is able to walk about readily, with but little spasticity. He can soon go home to resume light manual work under proper hygienic atmospheric protection so important in central nervous disease).

But to continue discussion of the case of postero-lateral sclerosis we have been considering! The man has had at no time a fulminating course such as might occur in multiple neuritis ascendens, of which I have seen and reported a case from the practice of Dr. S. Weir Mitchell, where the disorder was difficult to distinguish from Landry's paralysis.

Our patient here has no mental disturbance or evidence of cerebral or cranial nervous disease. The absence of neuritis, myelitis, the little—if any—atrophy other than general anutritional wasting, with the presence of previously-marked ataxia, and the cramp-like pains which have been presented from the first, and the lessened reflexes, all point to a sclerotic process involving the lateral and posterior columns of the cord. The fact that sensation is more obtunded on the left side points to a greater involvement of the posterior columns on the right side, since decussation of sensory fibres takes place low down in the cord. At the same time the paresis and rigidity were earlier pronounced in the left leg, and would show initial sclerosis more marked on the *opposite* side of the cord, since we know the motor fibres decussate higher up in the spinal cord. It should be here stated that in the rare lesion of one-half the cord—which would only occur from injury, tumor, or hæmorrhage, with their other attendant diagnostic signs—we would have association of anæsthesia on the opposite side below the lesion, with motor paralysis on the same side also below the lesion; this is the so-called Brown-Séquard paralysis, several cases of which have been reported.

These two cases then represent disease of the same pathological nature, sclerosis, both involving the crossed pyramidal

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tracts, the first case—in addition—presenting disease of the anterior cornua, the second case presenting disease of the crossed pyramidal tracts, with—in addition—sclerosis at the other pole of the cord taken in cross-section, *i.e.*: in the posterior column. It is for this latter reason that we have obtunding of the tactile sense, which is wanting in the first case, while the distinctive features of localized atrophies and fibrillary contractions also, in the second case, present the differential points between the diseases. In addition, muscular sense is deficient in the second case, indicating some involvement of the direct cerebellar tract. In neither case does Gowers's tract seem to be involved, because pain and temperature senses are not disturbed. Nor is the Babinski sign, which consists in the extension of the toes rather than the normal flexion of the toes, present in either case: a phenomenon that is said to exist when the crossed pyramidal tracts are alone involved. This is favorable negative evidence of the diagnoses given.

Posterior-lateral sclerosis is also designated combined column disease. In an early stage of the affection both dynamic and static ataxias are present. When the Romberg symptom is present, the gait is said to be that of ataxic paraplegia. There is no atrophy in ataxic paraplegia, no visceral crises as in tabes dorsalis. Lightning pains are seldom noted, and there is absense of girdle-sense or anæsthesia, and the ocular muscles are not involved as is frequent in ataxia.

Oppenheim gives the name progressive spastic ataxia to this disease, and says it is only a stage in the extension of meningomyelitis by contiguity to the cord (Berliner klinische Wochenschrift, 1893). The ataxia always presents with a spastic condition of the legs: a unique symptomatology. The differentiation of this disease, too, from Erb's spinal syphilis is shown in the diffuse nature of the latter, similar to ordinary myelitis, and the fact that muscle-tension is low in the disease described by Erb. There is more marked early impairment of power of movement in the specific cord lesion, while the bladder is early and frequently involved in syphilis of the spinal cord, and the disease is greatly benefited, as a rule, after prompt treatment by antispecific remedies, especially by inunctions of unguentum hydrargyri.

In these two cases of advanced sclerosis presented to you to-day we cannot hope to do more than *relieve* the patients. They are both getting alterative treatment in the shape of hydrargyri bichloridum, gr. $^1/_{48}$, three times a day. Electricity cannot avail anything except to relieve the cramps in the second case by the use of the anodal pole of the galvanic current over the painful muscles. Rest in bed, with massage and Swedish movements, with stretching of the limbs, has given considerable relief to both. The duration of life may not be curtailed by the diseases for more than a decade. It is usually some intercurrent disorder—as an hypostatic pneumonia or heart-failure from involvement of the pneumogastric centres — that carries the patient off. This latter termination I have recently seen in a case of gastric neurasthenia terminalis with marked gastric symptoms; where the heart was stopped by reflex action of the vagi, there being no other physical signs of cardiac disease.

I would like to add, as a final word, the advice to be hopeful of results in chronic nervous disease even though you know cure cannot be effected. Both of these men have been greatly relieved, the first being able to walk about much more comfortably, and the second man to be relieved of his distressing cramps. It is marvelous at times the good results in improvement, in gait and nutrition by the so-called Fraenkel system of re-education of the intact nervous centres in tabes dorsalis.

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Original Communications.

THE TREATMENT OF INJURIES AND DEFORMITIES OF THE BONY FRAME-WORK OF THE NOSE.

By E. B. Gleason, M.D.,

Clinical Professor of Otology in the Medico-Chirurgical College; Surgeon in Charge of the Nose, Throat, and Ear Department of the Northern Dispensary, etc., Philadelphia.

By far the most common result of nasal traumatism is dislocation of a portion of the septum from its attachment to the nasal processes of the superior maxillary bones. The dislocation is often overlooked at the time the injury is received because of the profuse hæmorrhage. If a surgeon is consulted, his efforts usually are directed to controlling the flow of blood; and often he does not again see his patient for some days or weeks. Then the patient states that he can breathe fairly well through one nostril, but not through the other.

Inspection of the nasal cavities shows a bulging area of septum in the obstructed nostril, corresponding to a concavity upon the septum in the opposite nostril. If seen within a week or two of the injury, the parts should be anæsthetized by placing pledgets of absorbent cotton saturated with a 4-per-cent. solution of cocaine in contact with both sides of the deflected area of the septum. After these have remained in place for half an hour the septum will have become more deeply and thoroughly anæsthetized than if a stronger solution of cocaine were applied for a shorter period. The surgeon, after removing the cotton pledgets, wets with sterile water the forefinger of his right hand, if the patient's left nostril is obstructed, and the left forefinger, if the obstruction is in the patient's right nostril. With the palmar surface toward the septum and a slight boring motion the surgeon's finger is guided along the floor of the patient's nose. As the finger advances, pressure from the fingertip readily forces the dislocated septum into a position median to both sides of the nose. However, before the finger is withdrawn from the nose, care should be exercised that the posterior area of the dislocation is brought into the median line. Often at about the position of the articulation of the triangular cartilage with the perpendicular plate of the ethmoid there is a sharp ridge, partly fracture of the vomer and partly dislocation of the cartilage, extending upward a little distance from the floor of the nose. The parts producing this vertical ridge, if it exists, carefully should be molded into the median plane and the tube (Fig. 1) inserted to retain them in place. This tube or nasal splint is made of the same sheet material as that employed for collapsible paint-tubes. Its lateral diameter is readily increased by

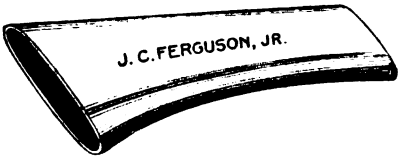

Fig. 1.—The Writer's Nasal Splint.

passing the handle of an instrument through it, and its shape changed by pressure with the fingers or by cutting away the distal or proximal extremity with scissors or knife. The tube is retained in place within the nose by the upper portion of its distal extremity, which occupies the hollow at the tip of the nose. Hence, in withdrawing the tube, the tip of the nose is first bent a little upward in order to release this portion of the tube. Three sizes of tube are made in order that a tube may be selected that can be molded to fit accurately the inferior nasal chamber of any nose.

When the dislocated septum has remained undisturbed for some weeks, "provisional callus" is thrown out between the edges of the dislocation, and after a time, hardens into true bone or cartilage. The

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septum now is "redundant" or too large to be crowded into a plane median to the lateral walls of the nose. In any successful operation for the correction of deflection of the nasal septum this redundancy must be provided for, both in the vertical and horizontal direction, and, more important still, the operator must overcome the inherent resiliency of the septum. The cartilage of the septum has almost the characteristic resiliency of rubber, and for months after a deflected area of the septum is brought into the median plane, its resiliency tends to spring the deflected area into its former deflected position.

The simplest successful operation for deflection of the nasal septum is that devised by the writer three or four years ago.

The parts are cocainized as described above and then sprayed with a 10-per-cent. watery extract of suprarenal capsules. This later produces its maximum effect in about one minute, and when applied to mucous membranes is said to be the most powerful astringent known. By its use practically a *bloodless* operation often can be secured. After sufficient time has elapsed for the suprarenal extract to produce its effect, the line of incision is painted with a 10-per-cent. solution of cocaine. This secures a profound, but superficial, local anæsthesia.

A nasal saw is introduced into the nostril *parallel* to the floor of the nose, and the sawing is continued in a horizontal direction until the saw has secured a firm hold upon the tissues. The direction of the sawing is then rapidly changed until it is nearly vertical, the utmost care being exercised that the saw now is held exactly parallel to the septum. Under such circumstances a U-shaped incision will be made, surrounding the deflected area except above, producing practically the original traumatism, except that the "provisional callus" constituting the "redundancy" of the deflected area of the septum is at the edge of the quadrilateral flap formed by the U-shaped incision. After the sawing has been continued for a certain time the formation of the vertical crura of the U-shaped incision can be more quickly made by the use of a probe-pointed double-edged knife curved on the flat.

It will be observed that the deflected area after the completion of the U-shaped incision about it is converted into a quadrilateral flap or trap-door with a spring-hinge hanging down over a hole in the septum. The forefinger-tip is now introduced into the nose as described above and this flap is thrust through the hole in the septum that it covers and then bent as sharply as possible at its neck in order, if possible, to destroy its resiliency. If this procedure is successful, the flap hangs in the median plane, exerting but little pressure upon the edges of the hole in the septum, which it is prevented from passing through because of the redundant tissue at its edge. However, if the resiliency of the neck of the septal flap is not destroyed at least to a considerable extent by the thorough bending to which it has been subjected, the former deflection will be reproduced in whole or part in spite of the redundant edge of the flap or a tedious period of support by tubes.

Immediately after the operation, it is well to insert a tube as described above into the formerly obstructed nostril, and decide the next morning if its longer use be required. In more than 80 per cent. of the cases operated on by this method no support is required during the after-treatment, which consists merely in daily inspection of the parts, and cleansing them if necessary, the patient attending to his usual avocation in the meanwhile.

A common result of nasal traumatism is fracture of the nasal bones at the root of the nose. The distal fragments are rotated outward on their long axes and depressed, producing a broadening and flattening of the bridge of the nose. When only one nasal bone is fractured, the tip

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of the nose is usually turned to one side as the result of dislocation of both lateral upper shield cartilages and the septum. To remedy the former defect Laplace has devised the following operation:—

A median incision is made from the fronto-nasal articulation to the nasal cartilage. The incision is through the skin and cellular tissue only, and does not involve the periosteum. The soft tissues are then dissected subcutaneously on each side, the whole length of the incision, and the dissection is carried as far as the maxillary articulation. A chisel is used in the median line and the two nasal bones are separated from each other by a few blows with the hammer, from the frontal articulation to the nasal cartilage. If necessary, the nasal cartilage may also be separated for a certain distance either by the chisel or by scissors. The chisel is now introduced under the dissected skin on one side, lifting it, and resting the cutting edge of the chisel directly on the naso-maxillary articulation. A few blows with the hammer will separate the nasal bone from the maxillary. This is repeated on the other side. The nasal bones and cartilage now have been loosened from each other and also from the maxillary. Their only bony attachment is to the frontal and ethmoid. This attachment, however, will allow of a certain mobility, which is utilized subsequently to raise the nasal bones and hold them in a new position.

A stout curved needle, armed with a strong thread, is passed under the loosened nasal bones. The ends of the thread being brought together allows the nasal bones being lifted into the desired position. In order to maintain the bones in this new position, a long straight needle armed with strong silver wire is passed directly through the skin under the nasal bones and out through the skin on the other side. The silver wire is now cut, removing the needle, and leaving the double wire in place. If necessary, another such double wire is introduced both above and below, according to the extent of support required. At each place the double wire is twisted together over small pads of iodoform gauze on each side of the nose; each double wire suture being twisted until the proper amount of tension is obtained to maintain the nasal bones in the position into which they were lifted by traction on the silk ligature. This being done, the skin incision in the median line is closed by fine silk sutures.

After two weeks the silver wires are cut, and the pads removed. The nasal bones retain the position given them. No after-treatment is required. Two or three months after the operation the bridge of the nose settles somewhat; but the improvement over the original condition always remains very marked. The median skin incision causes an inconspicuous scar, while the spots on the side, pierced by the silver wire, almost entirely disappear. Laplace has operated on fourteen cases (the writer being one) by this method, with excellent results.

A similar result may be obtained by the following method:—

The patient being etherized to prevent the flow of blood into the pharynx during the operation, the posterior nares are plugged with gauze by the aid of Bellocq's cannula. An incision is then made through the skin into the nose close to the septum at the extremity of the nasal bones. One blade of the writer's nasal cutting-forceps (Fig. 2) is then thrust into the nose and the other pushed under the skin in such a direction that when the forceps is closed and locked its edges bite into the suture between the nasal bones and septum. When in position the blades of the forceps are locked and by slightly rotating the instrument backward and forward the suture parts with an audible snap. The forceps are then withdrawn and the procedure repeated on the other side of the septum. An incision is then made at the

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anterior-inferior extremity of the nasal bone of one side, and one blade of the forceps introduced into the nose and the other blade beneath the skin. The blades are locked as nearly as possible into the suture between the nasal bones and the nasal processes of the superior maxillary. Backward and forward rotation of the forceps causes the bone to part with a snap, and all resistance to the partial rotation of the forceps ceases. The procedure is repeated on the other side of the nose. The nasal bones are now severed from their

Fig. 2.—The Writer's Nasal Bone-cutting Forceps.

attachments except at their base, which also is sometimes fractured by the movements of the forceps. One blade of an Adams forceps is now inserted into the naris and the loose nasal bone grasped between the flat blades of the instrument. Ordinarily it is easy to rotate the bone upon its long axis in such a manner as to increase the height of the bridge of the nose, and at the same time the bridge of the nose is made more narrow by pressing the anterior-inferior edge of the nasal bone medianly toward the septum. The same procedure is applied to the opposite nasal bone. Steel pins are now inserted into the space between the nasal bones and the nasal processes of the superior maxillary bones and thrust transversely downward through the septum until their points rest upon the floor of the opposite nostril. A few blows from a lead mallet serve to firmly fix them in position. The pins are then cut off one-quarter of an inch above the surface of the skin. They cross where they pass through the septum, and hence assume an X shape, the nasal bones being retained somewhat firmly in position by the upper V of the X. The steel pins should be of considerable size, the ordinary darning needles sold in dry-goods stores answering a very good purpose. In about ten days to two weeks they become loose in the tissues and it may be necessary to remove them.

When the bridge of the nose is depressed as the result of destruction of the nasal bones from syphilis or other cause, a platinum plate may be inserted beneath the skin of the bridge of the nose. The necessary incision is made inside the mouth at the junction of the upper lip and upper jaw, the lip is stretched upward toward the forehead and the dissection continued until sufficient space has been secured for inserting the plate underneath the skin of the bridge of the nose. Platinum plates inserted into the tissue in this manner are said generally to cause no disturbance and remain in place for years. However, they are liable at any time to ulcerate their way through the skin, and must then, of course, be removed.

The most common of the congenital deformities of the nose are a bulbous condition of the end of the nose and extreme prominence of the bridge. The latter is readily removed in the following manner: An incision is made through the skin and periosteum down to the bone. The periosteum is then stripped from the bone and the parts exposed. It is now a compara-

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tively simple matter to remove the redundant bone and cartilage by means of a burr driven by a dental engine. The skin and periosteum are then placed in their former position and the wound brought together by buried sutures, which leave no stitch-marks and a linear scar, which, in a year or two, becomes practically invisible.

When bulbous enlargement of the tip of the nose is excessive the redundant skin and fat are best treated by the removal of a wedge-shaped piece, being careful not to disturb the cartilaginous frame-work of the nose. In cases where the deformity is less pronounced, the operation devised by Roe, of Rochester, serves every purpose:

"The end of the nose is turned upward and backward and held with a retractor by an assistant; then sufficient of the superfluous tissue is removed or dissected out to allow the nose to conform to the shape that we desire. Great care must, however, be exercised not to cut through into the skin, lest we may have afterward a scar or dent in the external surface of the nose."

PERIOSTEAL TENDON-GRAFTING IN A LISFRANC AMPUTATION FOR GANGRENE.

By J. P. Mann, M.S., M.D.,

Clinical Professor of Orthopœdic Surgery in the Medico-Chirurgical College of Philadelphia.

Mr. F. G., aged 26 years, in attempting to climb into a moving wagon, on the 18th of November, 1895, had his right foot caught and wrenched by the spokes of a wheel. The foreleg and foot sustained numerous abrasions and contusions, especially marked in the region of the ankle-joint. No bones were fractured.

Fearing gangrene, through diminished blood-supply and extensive destruction of tissue, measures looking to its limitation were at once instituted. The foot and leg, as far as the knee, were enveloped in moist, warm bichloride gauze (1 to 1000), which dressing was renewed daily. Through the agency of an alcohol-lamp, placed under the "floor-end" of a right-angled piece of stove-pipe, the upper arm of which passed under the bedclothes, dry heat was supplied to the foot continuously. For one week the circulation of blood, in the injured foot and leg remained exceedingly feeble, and the temperature was noticeably lower than that of its fellow.

About ten days after the reception of the injury gangrene appeared in the great toe and extended, during the ensuing three weeks, until all of the toes and the foot just anterior to the tarso-metatarsal joint were involved. The line of demarkation formed slightly anterior to the tarso-metatarsal articulation. The tissues above the necrotic area recovered so slowly that it was deemed advisable to postpone amputation to ten weeks subsequent to the day of the accident. The general temperature of the patient was normal throughout the whole period of treatment.

Doctors W. W. Keen, W. Joseph Hearn, and J. Chalmers Da Costa saw the patient several times, and greatly aided in the efforts made to save the leg. Doctors Hearn and Da Costa assisted in doing a Lisfranc amputation.

Before operating on this patient the writer had determined to catch the ends of the severed tendons on the foot's dorsal surface and suture them, in their normal positions, to the periosteum of the tarsal bones at a point one-half inch from the line of amputation. The object of this measure was to overcome the permanent ankle-extension, which succeeds this and similar foot-amputations where the action of calf-muscles is unopposed. Strong union with normal motion and position of the foot obtained. At present—five years having passed—the man has perfect function and position of the ankle.

The writer can find no literature[1] rela-

[1] Lange (Zeitschrift für Orthop. Chirurgie, 8 Band, p. 30 and elsewhere) reports several successful results, of date later than the writer's.

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tive to periosteal tendon-grafting prior to 1896. Publication of this record was delayed in order to thoroughly test the merit of the procedure. The device is capable of wide application in both general and orthopædic surgery.

Abstracts.

Tuberculous Ulcers of the Stomach.

Tuberculosis of the stomach is a rare cause of ulcer. Dr. Simmonds, out of 2000 autopsies of tuberculous subjects during the course of the last ten years, has found but 8 of tuberculous ulceration of the gastric mucous membrane. The infrequency of this lesion in the stomach is all the more remarkable that they are so common in the bowel. Authors who have written of this peculiarity have thought that it might be due to the microbicidal properties of the gastric juice. This theory was, however, abandoned when experiments had shown that the bacilli of tuberculosis were not destroyed by remaining for several hours in normal or artificial gastric juice.

Simmonds, nevertheless, believes that these experiments are not decisive, and only show that a sojourn of some hours in the normal gastric juice is not sufficient to kill the bacilli. On the contrary, it may be admitted that when this bactericidal action of the gastric juice is long absent the bacilli may very well implant themselves upon the mucous membrane of the stomach and produce their specific lesions. This hypothesis is supported by a case recently observed by Dr. Simmonds.

The patient was a phthisical man, 40 years of age, who had perished with symptoms of tuberculous enteritis. At the autopsy there was found in the vicinity of the pylorus a carcinoma the size of a large walnut and, upon the mucous membrane of the stomach, a number of tuberculous ulcers, some of which were as large as a small pea. It therefore seemed that, in this case, the tuberculous ulceration of the stomach had developed by favor of the carcinoma, which had modified the composition of the gastric juice and had produced anachlorhydria, with diminution or abolition of the bactericidal power of the digestive fluid.

In the 8 cases of tuberculous ulcer of the stomach observed by Simmonds tuberculous enteritis was always present. The ulcers, sometimes solitary and sometimes multiple, the dimensions of which do not ordinarily exceed those of a small pea, are generally situated near the pylorus, but also often occur upon other parts of the mucous membrane of the stomach. Their aspect recalls that of tuberculous ulcers of the intestine. The microscope shows that the tuberculous infiltration principally occupies the submucous tissue, and that at the borders of the ulcer found an accumulation of round cells with some tubercles of giant cells.

In none of the cases observed by Simmonds was there erosion of the vessels, hæmatemesis, or other symptoms pointing to the stomach. The absence of clinical symptoms, therefore, renders impossible the diagnosis of tuberculous ulcer during life. In two cases where consumptives presented the classical picture of gastric ulcer he found non-tuberculous ulcers at the autopsy. He consequently concluded that when typical gastralgia with or without hæmatemesis appears in a subject of phthisis we should suspect the presence of a simple, rather than a tuberculous, ulcer of the stomach.

If the tuberculous ulcer is rare in consumptives, on the contrary, there is frequently found in them non-ulcerated miliary tubercles of the gastric mucous membrane. In the course of the past year Dr. Simmonds has observed 4 such cases.

This tuberculosis, of hæmatogenous origin, is generally witnessed in acute miliary tuberculosis. The tubercles, which exhibit the characteristic histological structure,

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occupy not only the mucous membrane, but also the other coats of the wall of the stomach. They have no clinical importance, for the patient usually succumbs before they have had time to ulcerate.—La Tribune Médicale.

Pleurisy and Pulmonary Infarct in Typhoid Fever.

At a meeting of the Medical Society of the Hospitals M. Galliard referred to two cases of pleurisy consecutive to pulmonary infarct in the course of typhoid fever. In both cases the pleurisy was very mild. These infarcts must be suspected when there occur, without recrudescence of the fever, hæmoptysis, and the signs of apoplexy of the lung.—Le Bulletin Médical.

Pathogenesis and Treatment of Pharyngeal Paræsthesia.

In the Section of Laryngology of the Thirteenth International Medical Congress Dr. Botey, of Barcelona, stated his belief that the sense of difficulty experienced in paræsthesia resides especially in the epiglottis and arytenoids. On the contrary, local anæsthesia from cocaine considerably augments the pharyngo-laryngeal paræsthesia, and this fact excludes all the organic or local inflammatory causes capable of producing these sensations.

The paræsthesia appeared to the speaker to be a consequence of hyperæsthesia, which engenders in the central parts of the nervous system special reflex inhibitory actions producing the illusion of an obstacle or foreign body.

This anæsthesia seems incompatible with a congested condition of the arytenoids and epiglottis. It disappears, in fact, when the subject is attacked by laryngitis. If these ideas are correct, the prevalent therapeutic methods are erroneous and the bromides should be renounced. Dr. Botey advised vasodilator and tonic remedies, with, locally, stimulating applications of thymol in glycerin and very light galvanocauterization.

Acute Peritonitis of Gonorrhœal Origin.

Dr. Leon Lebovici, of Carlsbad, reports, in Le Progrès Médical, the following case from the clinic of Professor Leyden, of Berlin:—

A woman, 29 years of age, was admitted suffering from high fever and ascites. It was impossible to obtain a very exact history. It was only learned that the patient had been pregnant two years previously, and had been jaundiced at the time. For that reason a premature artificial delivery had been performed. Later her abdomen was swollen and her general condition varied, but there was no exact diagnosis. The patient complained, also, of pain in the urinary passages of an indeterminate character. There was not a trace of albumin in the urine. The abdomen was twice punctured, and after the effusion had escaped it was ascertained that the liver was somewhat hardened, but not hypertrophied. No tumor was discovered in the abdominal cavity. Nothing worth mention was learned from examination of the ascitic fluid. The temperature of the patient was always raised and sometimes attained 39.6° C. (103.3° F.). The urine exhibited a slight diazo-reaction. The lungs were free.

The fever increased, vomiting occurred, and the patient fell a victim to cachexia in consequence of insufficient nutrition. The autopsy revealed the following conditions: Contracted, granular, and cirrhotic liver, with a high degree of interstitial hepatitis; enlarged spleen.

These conditions accounted for the ascites, but not the continued fever. Examination of the abdominal fluid, which was still abundant, furnished a surprising result in this respect. It was mixed with an abundance of pus, and the liver, as well as the intestines, was covered with a thick layer of fibrinous material.

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The case was one of acute peritonitis, therefore, and the next question was: by what microbes had the disease been caused? At first the bacterium coli was suspected. It was found, however, that it had been produced by gonococci. Sown in ascitic fluid, they gave rise to pure cultures of gonococci. No other species of microbe was discovered.

Hallucinations of Sight after Amputation.

In the section of Psychiatry of the Thirteenth International Medical Congress M. Parisot, of Nancy, said that in some patients who had undergone amputation there were visual hallucinations in addition to those which had already been studied and grouped. He had observed cases in which the individual not only felt, but also saw, his lost limb, corresponding exactly to the one which remained. The view of the phantom limb was modified by the interposition of colored glasses between the eye of the subject and the image. Visual hallucinations are sometimes spontaneous and sometimes voluntary on the part of the patient, or they may be excited by some irritation of the stump. If the phantom limb is only felt partially it is seen in its totality in such cases.

The persistence of functional association of the cortical centre of vision with the other sensitivo-sensorial or psychomotorial regions of the cerebral cortex explains the production of these hallucinations of vision, which are thus complementary to the phantom limb.—Le Bulletin Médical.

Abscess of the Frontal Lobe and Extradural Abscess of the same Region of Nasal Origin.

Dr. Denker has published the history of a patient, aged 17 years, who complained of pain in the roof of the orbit and left frontal region. There was a fœtid nasal secretion which, in the night, flowed into the throat. There was vertigo when the patient hung his head forward. There was lobulated hypertrophy of the right inferior turbinated bone, hypertrophy of the left inferior and middle turbinated bones, and on the latter side the respiration was more difficult and the middle meatus contained fœtid, caseous pus, which oozed through a small orifice and covered the lower turbinal. It was impossible to sound the frontal sinus through the nasal fossa. Both maxillary sinuses were transparent, but the left frontal sinus was a little less transparent than the right. The anterior and inferior walls of the left frontal sinus were sensitive. There were no carious teeth. The temperature was 38° C. (100.4° F.); the pulse, 70. The probable diagnosis was empyema of the left frontal sinus and ethmoidal cells.

The anterior extremity of the left middle turbinated bone was destroyed by the hot iron, and it was then discovered that the anterior ethmoidal cells were full of pus. The sound could then be passed into the frontal sinus, and the communication between the nose and the sinus was found to be large. Injections made for some time into the frontal sinus and antiphlogistic treatment failed to cause disappearance of the subjective troubles. The frontal sinus was therefore trephined; it was full of granulations, but inclosed little pus.

On the day after the operation the patient's condition was quite satisfactory. Pain was less pronounced, but there was a continual sense of weight in the head. During the first week the evening temperature oscillated between 37.5° and 38.1° C. (99.5° and 100.6° F.), the pulse between 66 and 70. During the second week the condition grew progressively worse, the pain increased, the patient slept much and responded but very slowly to questions. The pupils reacted to light, though the limits of the left were somewhat restricted. Toward the end of that week the pulse fell to 55-60. The urine and fæces were passed involuntarily; the temperature rose to

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38.5°, 39° C. (101.3°, 102.2° F.); the somnolence deepened; the patient lay in bed, unconscious of anything that passed. An endocranial complication was diagnosticated, and it was decided to open the frontal bone. During the operation no alteration of the anterior and inferior walls of the frontal sinus was observed. The maximum of pain, however, having been referred laterally, the cranium was entered by the lateral part of the posterior wall. Fœtid pus immediately appeared between the dura mater and cranium. Cautious exploration showed that the pus did not come from the upper and middle parts, but from the lower and lateral. At this point a large opening was made into the bone, through which the dura mater, covered with granulations, but presenting no pulsations, at once projected as a hernia. The existence of this extradural abscess did not explain to the author the symptoms which had been manifested, and he therefore incised the membranes of the brain for a length of two and a half centimetres (nearly an inch) and made exploratory punctures into the cerebral substance. At the second puncture the needle penetrated a cavity filled with fœtid pus. The cerebral tissue external to this cavity had a thickness of a few millimetres (a millimetre is about $^4/_{100}$ of an inch). The opening made by the puncture was enlarged and about 25 cubic centimetres (6 $^1/_4$ drachms) of very foul, brownish-gray pus escaped. The finger, introduced into the cavity and directed backward and laterally, demonstrated the absence of a pyogenic membrane and that the soft walls of the cavity easily fell together. The cavity was tamponed with iodoform gauze and an antiseptic dressing applied.

The condition of the patient improved immediately after the operation and the amelioration continued. A cerebral hernia, however, occurred and, notwithstanding every effort, could not be reduced, and the external portion became necrotic. The author excised this mass down to the dura mater without much hæmorrhage. The dura was sutured. The loss of osseous tissue was made up by an osteo-periosteal flap taken from the cortical layer of the anterior table of the frontal bone.

Recovery took place without incident and was permanent. Scarcely any perceptible deformity resulted from the operation.—Revue Hebdomadaire de Laryngologie, etc.

Intranasal Chancre.

Dr. J. Garel has, since 1895, observed four new cases of intranasal chancre and reports them because they are comparatively rare and their diagnosis is not always easy. It is generally, in fact, the evolution of secondary symptoms which alone permits an assured diagnosis.

The most unexpected circumstances give rise to nasal infection, and inoculation is singularly favored by the bad habit which many have of often carrying the fingers to the nose. Chancre of the nose is polymorphous and of variable volume, its seat being generally upon the septum and less frequently upon the inner surface of the ala. The glandular involvement varies according to the situation of the chancre.

The diagnosis is ordinarily very difficult. When there is a primary lesion of the pituitary membrane one thinks of everything except syphilis. Occasionally one suspects a tertiary, but seldom a primary, lesion.

The first case was a chancre of the lower part of the nasal septum. The diagnosis was made at the second visit to the patient, notwithstanding the absence of secondary manifestations. The second was situated upon the wing of the nose, and the diagnosis was made by the appearance of the lesion, confirmed by the development of secondary syphilis. In the third case, the lesion being situated upon the septum, the first thought was of a tertiary manifestation, and it was only by the course of the

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disease that it was recognized as a primary sore. In the fourth case the chancre simulated a tumor. In this case the error of diagnosis was complete. The patient, in fact, was a little girl of fourteen years. Furthermore, the lesion presented itself under the form of a large tumor of the septum, with a smooth surface and without ulceration. According to the histological examination, one might think of a new growth of connective tissue on account of its density.—Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

The Treatment of Hay Fever.

In a paper having the above title and published in the International Medical Magazine, Dr. E. B. Gleason says:—

"Somewhat recently the attention of the profession, chiefly through the writings of Bishop, of Chicago, has been directed to the fact that the neurotic condition of the patient and the hypersensitiveness of the nasal passages were often due to an excess of uric acid in the blood, and that this excess could be eliminated by the ingestion of mineral acids.

"Probably any mineral acid would prove efficacious, but there are two which suggest themselves as peculiarly efficacious: Hydrobromic acid, because of its sedative qualities, and nitromuriatic acid, because it is thought to limit the production of uric acid.

"My experience has been limited to the effects of nitromuriatic acid, which for the past three years I have prescribed in doses of 3 to 5 drops of the freshly-prepared concentrated acid after meals and sometimes also at night. The dose should be diluted with a half-tumblerful of water, and the patient, after taking the medicine, should rinse out his mouth and swallow another half-tumblerful of water.

"The results of the remedy are apparent within forty-eight hours, and the relief of all hay-fever symptoms are usually sufficient to enable the patient to remain at home and attend to his ordinary business engagements in comparative comfort."

A New Remedy in Tuberculosis.

Paladium chloride in the treatment of pulmonary tuberculosis is reported upon favorably by Dr. Cohen. He was led to use this chemical on account of its well-known powerful affinity for hydrogen and its consequent oxidizing and antiseptic power. A 32-per-cent. solution was administered in doses of 5 to 10 drops, well diluted. Patients who had taken the remedy for a considerable period had increased in weight, and in a number of cases the fever, cough, and active physical signs disappeared.—Merck's Archives.

The Prophylactic and Curative Action of Urotropin.

Under this caption Dr. Zaudy has published the report of a case of paraplegia in which urotropin was remarkably efficacious in relieving the bladder complication. It is rare that the opportunity is presented of convincing one's self of the effect of urotropin by post-mortem examination.

"From the first day until the time of his death (May 11 to June 20, 1900), the patient, besides other treatment, was given 0.5 gramme (7 1/2 grains) of urotropin in tablet form three times daily. He took altogether nearly 60 grammes (2 ounces) of urotropin; and though the amount of nourishment which could be administered was but very small, he never objected to the tablets. By-effects which could be attributed to the drug were never seen; but, of course, it would have been difficult to demonstrate them in view of the severe general disease and the apathy of the patient. Even in so short a time as eight days after beginning the treatment no

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more pus was voided by the urethra, and catheterization could be effected more easily."

The post-mortem notes included the observation:—

"Diagnosis as to the urinary organs: Urocystitis without serious lesions; punctiform hæmorrhages in the pelvis of the kidney, but no other signs of pyelonephritis.

"These post-mortem findings speak for themselves, and require no further elucidation. They show more plainly than any clinical symptoms that the dangers which threatened the urinary passages from various sides were entirely warded off, practically, until the very end. It is the universal experience that patients suffering from paralysis and anæsthesia of the lower half of the body mostly succumb to the severe cystitis and rapidly-consecutive pyelitis. The kidneys are usually severely affected. That this was not the case here, that the post-mortem revealed that the urinary apparatus was not to any great degree involved, must necessarily be attributed to the action of the urotropin."—From Deutsche medicinische Wochenschrift.

Locomotor Ataxia.

Dr. George Howard Thompson, of St. Louis, Mo., has seen decided benefit follow the use of this combination:—

℞ Hydrarg. chloridi corrosivi, gr. $^1/_{40}$.
Auri et sodii chloridi, gr. $^1/_{30}$.
Zinci sulphidi, gr. $^1/_{20}$.
Strychninæ sulphatis, gr. $^1/_{60}$.—M.

To be made into each pill and taken one every three hours.—Journal of Medicine and Science.

Night-sweats of Phthisis.

This formula, used as a lotion, is reported by Kohnstamm as being very efficient in the night-sweats of pulmonary tuberculosis:—

℞ Balsam of Peru, 1 part.
Formic acid, 5 parts.
Chloral-hydrate, 5 parts.
Trichloracetic acid, 1 part.
Absolute alcohol, 100 parts.
—Buffalo Medical Journal.

Myalgia.

This affection in unusually trivial as to duration and consequences, but often is such a source of discomfort to the patient that a ready remedy is welcome:—

℞ Fluid extract of cimicifuga,
Fluid extract of coca,
Ammoniated tincture of guaiac, of each, 3j.

Dose: A teaspoonful three times a day.
—Buffalo Medical Journal.

For a Tickling Cough.

One very often meets with an annoying condition wherein the patient complains of a "tickling in the throat which makes me cough constantly." This will be relieved by the following:—

℞ Codeine, gr. j.
Phenacetin, gr. xij.
Powdered licorice, gr. xvj.
Sugar of milk, a sufficient quantity.
Make into eight powders.
Dose: Dissolve one in mouth every hour.
—Buffalo Medical Journal.

Ether in the Treatment of Uræmia.

It is as a diuretic rather than for its stimulating action that Dr. Lemoine recommends ether in the treatment of uræmia, particularly when it is accompanied by dyspnœa. He gives $^1/_2$ drachm subcutaneously and a coffeespoonful by the mouth every hour until diuresis occurs. He says these doses are not dangerous, but the injections are painful, and, to guard against gangrene of the skin, they should

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be thrown deep into the tissues.—New York Medical Journal.

Enemata of Codliver-oil.

According to the Gazzetta degli Ospedali e delle Cliniche, Zenner uses the following formula:—

℞ Pure pancreatin, 75 grains.
Ox-gall, 7 1/2 grains.
Sodium chloride, 22 1/2 grains.

M. Dissolve in 12 1/2 drachms of water and emulsify with 75 ounces of white codliver-oil; then add 3 drops of eucalyptus-oil.—New York Medical Journal.

Enema for General Debility in Grave Gastro-Intestinal Troubles of Children.

The Gazette Hebdomadaire de Médecine et de Chirurgie ascribes the following to Fede:—

℞ Quinine hydrochloride,
Asafœtida,
Tincture of musk, of each, 15 grains.
Boiled water, 7 ounces.
Yelk of 1 egg.

M. From three to four in twenty-four hours.—New York Medical Journal.

Cacodylate of Iron.

In the Section of Therapeutics at the recent International Congress of Medicine, Dr. P. Lereboullet, of Paris, said that, cacodylic medication in the form of cacodylate of soda having proved useless as a remedy for chlorosis and chloranæmia, Dr. Gilbert and he had used cacodylate of iron in the treatment of these affections. They injected under the skin ferric cacodylate, a very soluble and only slightly-toxic salt, in a solution dosed at 3 centigrammes per cubic centimetre; they also gave it by the mouth in the form of drops to be taken before meals. The daily doses varied from 3 to 10 centigrammes hypodermically, and from 5 to 30 centigrammes by the mouth. Both methods of administration proved to be alike free from inconvenience. In no case have they observed local or general disturbances; in particular there have been none of the renal complications which are so frequent after injection of other iron salts. Cacodylate of iron is indicated in affections where one has at the same time to counteract the diminution in number of the red corpuscles, and the fall in the amount of hæmoglobin (chlorosis, chloranæmia, lymphademia, leukæmia). Tuberculous chloranæmia, provided the pulmonary lesions are not too far advanced, seems to be specially benefited by this treatment, which has never caused congestive phenomena or hæmoptysis. Albuminuria, which is frequent in such patients, is not a contra-indication, but rather the contrary. In five cases the kidney-lesions underwent marked improvement after the injections. —British Medical Journal.

Dyspepsia with Flatulence and Pyrosis.

The Journal of the American Medical Association attributes the following to Barlow:—

℞ Argenti nitratis, gr. iv.
Ext. nucis vomicæ, gr. iij.
Ext. lupuli, gr. xxiv.

M. et ft. pilulæ No. xij.
Sig.: One pill three times a day.

A Creasote-wine.

According to Les Nouveaux Remèdes, the following prescription for a creasote-wine may be employed:—

℞ Creasote, 1/2 ounce.
Tincture of gentian, 1 ounce.
Alcohol, 8 ounces.
Sherry-wine, enough to make a quart.

Two or three dessertspoonfuls of this mixture may be given a day in cases of pul-

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monary tuberculosis, provided the temperature is not very distinctly febrile.—Therapeutic Gazette.

External Hæmorrhoids.

Dr. H. T. Bass says, in the Courier-Record:—

"I find the following very useful in many cases; it is both an anodyne and a disinfectant:—

"℞ Menthol, 3j.
Acid. carbol., 3j.
Simple cerate, ℥ij.
Ol. sweet almonds, ℥j.
Pul. zinc ox., 3ij.

"I apply this morning, noon, and night with an hæmorrhoidal pipe, and oftener if the bowels should move; where the hæmorrhoids are small with general congestion I use the following:—

"℞ Fl. ext. hamamelis, ℥ij.
Fl. ext. ergot, 3iiss.
Fl. ext. hydrastis, 3iiss.
Tinct. benzo. comp., 3iiss.
Ol. carbol. (5 per cent.), q. s. ℥iv.

"Inject a teaspoonful in the rectum with a small syringe night and morning. Instruct the patient to be quiet for a short time."

Epigæa for Eructation.

Aaron recommends epigæa repens, commonly known as trailing arbutus, for the belching of tasteless or offensive gases. He is unable to say just how it acts, but its results are seen almost immediately. He usually prescribes 1 drachm of the fluid extract to be given three or more times a day after meals. On account of its principles being complex, it is impossible to state to which one of them the therapeutic value is due. If the eructation be due to fermentation, it may be that the aromatic oil acts as an antiferment, yet results are equally seen in nervous eructation or in cases when the patient belches up air that he has swallowed. It seems to act well in all cases of eructation dependent upon neuropathic conditions. — Medical Standard.

Tape-worm.

℞ Pomegranate (bark of root), 3iv.
Pumpkin-seed, ℥j.
Ext. male fern, 3j.
Pulv. ergot, 3ss.
Croton-oil, *m*ij.
Gum arabic, 3ij.
Water, ad ℥viij.

M. Sig.: At one dose.

A light supper, a full dose of Rochelle salts.—Medical Record.

Pneumonia.

Dr. W. Blair Stewart, of Atlantic City, N. J., says in the International Medical Journal that his working formula, subject to modification as each case demands, is:—

℞ Tr. veratri viridis, *m*xxiv.
Vini antimonii, f3j.
Ammonii bromidi, 3iiss.
Liq. ammonii acetatis, f℥iiss.
Syr. limonis, q. s. f℥iij.—M.

Sig.: One teaspoonful every hour in water until easier, then every two hours.

Painful Dyspepsia with Excessive Gastric Secretion.

A formula ascribed to Thornton by the Journal of the American Medical Association is:—

℞ Acidi hydrocyanici dil., gtt. xl.
Tinct. belladonnæ, 3iij.
Bismuthi subnitratis, 3vj.
Aquæ destil., q. s. ad ℥iij.

M. Sig.: Shake well and take one teaspoonful an hour before meals.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
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SOME OF THE EVILS OF STREET-CARS.

THE chief evils of the street-car system of Philadelphia can be stated in a few words: overcrowding and lack of ventilation, and the two are necessarily closely connected. We have heretofore called attention to this important subject, but in this cause, as in many others, it is requisite to repeat and again to repeat. It is a well-known fact of science that each human being requires a certain measurement of fresh air and an ample renewal of air in order to support life and preserve health. Even those who are totally ignorant of physiology are made aware by their own sensations of this prime necessity. Nature warns her children of the violation of her rules.

It is said that there is always room for improvement. It would to-day be a hardship to return to the times of the horse-cars, and yet they were an undoubted advance upon omnibuses. Nevertheless, as regards the faults of which we complain, there has been no conspicuous gain. In a city covering such an expanse of territory it is absolutely essential that those who live within its bounds shall have means of public conveyance. The city is constantly extending, its population is continually increasing, and therefore the demands of transportation are always growing in a corresponding ratio. More people require more cars. More money is expended and in return for this money the public has a right to expect better service. Many lines habitually run crowded cars because the supply is not equal to the demand. It is a sorry sight at certain hours of cars overladen with their human burden, standing on floor and platform, having hard struggles to enter or leave the conveyance. A fare should entitle to a seat on all but those very exceptional occasions which occur comparatively seldom. An efficient system should make better provision for the needs of ordinary and every-day life. It is actually a penance and affliction to be compelled to make use of the cars at those times when fellow-citizens in multitudes are going to their business or returning to their homes. Pulmonary and cutaneous exhalations contaminate the atmosphere, to say nothing of the dissemination of disease-germs. Yet it is a corollary that disease-germs must be spread by the combined influences of crowding and absence of ventilation. The absence of fresh air is almost complete. There are openings near the roof of the car which can be closed or opened and they are generally closed. The vehicles themselves are much more roomy and comfortable than in former years, but much of this improvement is nullified by the numbers which they carry and the foul atmosphere which they inclose. As the season advances and the weather becomes colder and more inclement the disadvantages multiply. Doors and ventilators are both kept closed and the passengers ride in a packed and stuffy box. "All kinds and conditions of men" are present, and the consequences are unpleasant to contemplate. It may be safely taken for granted that much illness is acquired and communicated in these boxes on wheels, almost hermetically sealed. The spitting nuisance has been largely abridged, thanks to the unremitting efforts of the Board of Health, but the other evils inseparable from crowding remain.

The defilement of the air in these

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crowded cars is perceptible to the sensitive nostril, and this fact roughly demonstrates how impure the air must be which passengers are compelled to receive into their lungs. More favorable conditions for the spread of disease can scarcely be conceived. There are countless numbers who ride much more than they should. Their health would be much better if they walked more and rode less. Men and women will ride to their places and many will stoop all day over account-books who really need the benefit which comes from pedestrian exercise in the open air. Most, if not all, of these could at least walk part of the way to their homes with decided advantage.

At this point we perceive that some of the difficulty is connected with that haste in which most inhabitants of large cities pass their lives. It is part of the unrest of modern existence. It begins in the earliest schools and terminates only in the grave. Men and women hurry homeward after their daily work that they may make ready for other hours of work or pleasure. They rush down town again in the evening by flocks and droves and toward midnight they return in company in the cars, which, of course, are filled to their utmost possible capacity with pleasure-seekers. It is no wonder that health is sacrificed in such a rush. It is, naturally, the weaker who perish, while the fittest survive. If there were more leisure in our lives we should be healthier and, no doubt, happier.

Thus, with brief intermissions during the day, from early morn until after midnight, a procession of packed cars passes through our streets, and the mass of our population must, for a space of time, endure all the discomfort and danger of contaminated air.

It is by no means unreasonable to believe that in this lack of ventilation of street-cars we have the explanation of many cases of illness which are, apparently, of very obscure origin. The patients have been exposed in crowded public conveyances.

A return to simpler habits would help to solve the difficulty. If people went earlier to their beds and rose earlier in the morning, they could receive the benefit of a morning's walk to their places of employment. This is possible for many, and, in fact, is habitual with many, as the flocks of pedestrians going to or coming from their work sufficiently attest. Many more could follow the example with advantage.

There will, however, always remain a multitude who, for various satisfactory or unsatisfactory reasons, must use the cars. The comfort and health of these should be respected. They have a right to be provided with a seat and a sufficiency of pure air. If, as it seems to the public, in order to accomplish this purpose, more cars are needed, it should be made the duty of the company to furnish this accommodation. Either there are far too few cars or the manner in which they are run is very much at fault. On most of the lines which reach the heart of the city one-minute time is more essential at some periods of the day than five-minute time during the intervening hours. To a large extent the public is helpless, but something might be accomplished if the people avoided crowded cars, even if a little time were lost. That slight loss of time could be made up in other ways. The company owes a duty to the public from which it draws its support, and if those who could find no seat had to be carried free or at half-price a way out of the trouble would, no doubt, be found. Furthermore, the present pattern of car is not necessarily the latest and best evolution of the builder. The present style does not permit abundant change of air. Even when only comfortably and reasonably filled they do not provide sufficient ventilation. Lately there have been introduced some very large coaches, exceedingly well fitted as regards comfort, but the ventilators are on the same pattern as in their

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predecessors and they seem quite as likely to be overcrowded.

The American people are justifiably extremely averse to the paternal system of government. Many a traveler on the Continent of Europe, however, has wondered why we cannot have at home a law which shall compel corporations to furnish each passenger with a seat. It is to be supposed that the companies in Europe receive a profitable support. We imagine that they are not constructed and run from purely philanthropic motives. The directors and stockholders expect a reasonable margin of profit for their labors or investments.

AN INCONSISTENCY OF THE RELIGIOUS PRESS.

THAT freedom may run to license is a proposition which not even the most ardently independent American will deny. The publicity and the power of the press may be abused, and we know that it sometimes is abused in this country. Medical men often marvel that the foul advertisements of the secular press should be permitted. When, however, we witness quack advertisements in the religious weeklies our wonder grows at the inconsistency and unseemliness. Many of our contemporaries have, from time to time, alluded in tones of condemnation to this undignified, inconsistent, and fatuous practice of the church papers.

The evil is widely spread. One can scarce take up one of these publications without being disgusted by the space given to exploitation of quack medicines. Only this week, taking up one of the exponents of a strong and respected religious denomination, we found the familiar recommendations of blood-purifier, anodyne liniment, soothing syrup, and other "cures." In the pages of another journal of the same sect, which rather prides itself upon its educational standards, we find a similar class of advertisements. The indecorous practice seems to be by no means uncommon in this class of journals. One plate illustrates how the germs of disease are to be exterminated by an inhaler. Another tells how kidney disease is cured by a certain patent medicine. A third informs the reader how dyspepsia is overcome. Yet another cures worst cases of dropsy, its proprietors having made dropsy and its complications a special study for many years. One man promises to improve the blood and another has on sale a specific for the nerves. Thus we may find the whole category of worthless preparations represented in the religious press.

All these nostrums promise to "cure." Most of them advise the reader to "send for our little book."

This kind of advertisements should have no place in religious journals. They are strangely inconsistent with the doctrines to which these publications are devoted. Truth is assuredly the most sacred of qualities, but what truth is contained in these advertisements save the truth that the proprietors are seeking the public money, for which they have no fair equivalent to give? The religious editors should know this fact. They are of elaborate scholastic training in some directions, and should possess sufficient general intelligence and knowledge of life to understand that it is impossible truthfully to fulfill the promises and inducements held out by the patent-medicine men. An untruthful business matter should receive no publicity from journals dedicated to the cause of truth. Truth cannot be other than itself, whether in ecclesiastical or secular affairs. The greater always includes the less.

The editors of religious magazines certainly ought to appreciate the fact that it is but a pretence to warrant any medicine to "cure" cases indiscriminately without reference to the cause of the disease or the patient attacked. They ought to know that it is not safe for people to treat them-

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selves for maladies which they themselves have diagnosticated and which very frequently have no existence. They read these "little books" and imagination plays them a trick. Fancy conjures up a train of symptoms similar to those of which they read, and many people become, in this manner, confirmed hypochondriacs, reading this useless literature and flying from one patent medicine to another panacea. All intellectual men should denounce quackery, which is imposition and a species of fraud. Its basis is a promise which it cannot fulfill. There is quackery in law and theology, as well as in medicine. The reason why quackery is associated in the mind particularly or exclusively with the practice of medicine is because the patent-medicine vendor has here such a rich field to work for commercial profit. Religion is, indeed, built upon faith, but what kind of faith is that which will recommend, indorse, or have anything to do with a medicine, so called, the composition of which one knows literally nothing and which the vendor, for mercenary purposes, keeps strictly a secret? Let the religious editors —who are generally clergymen, we believe —ask themselves what they think of arrant pretenders in the pulpit.

Is this glaring inconsistency in admitting patent-medicine advertisements into the pages of denominational journals due to a lingering strain of supernaturalism in the ecclesiastical mind? As regards the Divine Essence, our finite minds must depend upon faith in a creative life above physical nature. In the regions of religious emotion and thought faith must be supreme; but the wisest Christians admit that Providence works by means of laws which He himself has ordained. Within the field of physical nature we must certainly abide by these laws, and such obedience is the foundation and corner-stone of pure and applied science. One of the noblest employments of the human mind is the discovery or recognition of these laws and their application to the relief of human misery.

The patent medicine appeals to many forms of weakness and credulity. Among others may be that expressed by the deacon in Felix Holt: "How was it to be known that the medicines would not be blessed if taken with due trust in a higher influence? A Christian must consider not the medicines alone in their relation to our frail bodies (which are dust), but the medicines with Omnipotence behind them." The father of Felix had gained his living by selling some quack medicines which the son had repudiated, much to the grief and dismay of his mother.

The view-point of the instructed editor, however, should be far different and higher than that of the humble and uneducated deacon. It is an inconsistency and we might almost say an immorality for a religious journal to allow its pages to be sullied by the advertisements of quack medicines. Specious promises which cannot be performed should have no position in the columns of such publications.

Medical News and Miscellany.

American Academy of Medicine.—At the meeting for the year 1901, to be held at St. Paul, Minn., a symposium will be held on the subject of institutionalism and a second upon reciprocity in medical licensure, which topic is occupying the attention of the profession.

Bulletin of the Harvard Medical Alumni Association, Number 15.—Few occasions in life are more full of interest than the stated social gatherings of fellow-students. In this number we find a report of the tenth annual meeting, held in Boston in connection with the commencement of the Harvard Medical School. At the dinner Dr. William T. Councilman and Dr. James R. Chadwick were present by invitation

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and addressed the company. The graduating class was represented by Dr. George S. Derby, and the meeting closed with some brief remarks from the president-elect, Dr. Clarence J. Blake.

Obituary. — *Dr. Edward R. Squibb.* — Among those who have passed away since our last number we grieve to include Dr. Squibb, the well-known chemist. Dr. Squibb has long been known and valued by reason of his original contributions to the literature of chemistry and pharmacy and for the excellent and reliable preparations which he placed upon the market. The name of Dr. Squibb, in fact, was a guarantee of the purity of every product which issued from his establishment.

Dr. Joseph Payson Wright.—At the time of his death Dr. Wright was assistant surgeon-general of the United States Army, and was on leave of absence in Washington pending his retirement, which was to have occurred on Christmas-day. Dr. Wright entered the army at the outbreak of the Civil War and saw much service during that conflict. After the restoration of peace he was stationed at various posts, chiefly in the West.

Dr. W. W. Browning.—Dr. Browning, of Brooklyn, Professor of Anatomy and Clinical Professor of Orthopædic Surgery in Long Island College Hospital, recently joined the great majority.

Mrs. Marcus.—We grieve to learn of the death of Mrs. Marcus, wife of Dr. Hermann Marcus, of this city, and extend our heart-felt sympathies to the bereaved husband.

International Magazine.—The International Monthly for November presents a most attractive list of contents. M. Marillier concludes his essay, "The Primitive Objects of Worship." This paper is replete with suggestions and can be read with much profit.

Marc Debrit writes upon the various congresses held under the pretext of setting aright the wrongs brought about by conquest. He first treats of the famous Congress of Vienna, and subsequently of later conventions. Evidently the writer considers the appeal to a Congress of Nations the last resort for weak or oppressed people.

Prof. W. G. Sumner writes upon "The Predominant Issue," which he shows to be "expansion." This article is a noteworthy contribution to the literature of American politics.

John La Farge contributes an estimate of Ruskin in an essay entitled, "Ruskin, Art, and Truth." The paper deals chiefly with the value of reality in art and the stand-point of the artist in regard to truth.

Professor Giddings contributes an essay on "Modern Sociology," which is a careful review of the progress in that study, illustrated by many interesting comments. Professor Royce's essay in the same number, entitled, "The Pacific Coast; a Study in Psychological Development," is one of fascinating interest. Professor Royce has drawn upon his unlimited knowledge of the beginnings of social conditions on the Pacific Coast and the modifications upon the American and European character brought about by the physical and social conditions of California.

A most valuable contribution to this number is that of the Hon. John W. Foster, whose career as a diplomat has not been surpassed by any American. His knowledge is from personal observation and dealing with the Chinese question, as an expert called in by China during the Japanese war. Consequently his account of Earl Li Hung Chang is most authoritative. His article is entitled: "The Great Chinese Viceroy and Diplomat."

The November number of the International Monthly especially appeals to persons interested in the "Far East" and "Far West."

The Famous Asphalt Lake.—Asphalt is being dug out of the famous tar-lake of

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Trinidad — the most notable existing source of the material in the world—at the rate of eighty thousand tons per annum. There are still four and a half million tons in sight, but at this rate the supply could not last long, were it not that the lake of bitumen referred to is receiving a constant accretion from the bowels of the earth. This accretion is reckoned as amounting to about twenty thousand tons yearly, and would suffice to restore the lake to its original condition if it were allowed to remain undisturbed for a few years.

This wonderful lake of pitch has an area of one hundred and fourteen acres, and recent soundings made in the middle of it have shown its depth to be one hundred and thirty-five feet in that part. Near the centre it is semi-liquid and bubbling, but elsewhere it has so hard a surface that a man on horseback can ride over it without danger of breaking through the crust. Scattered over its surface are a number of small islands which have no proper roots in the earth, so to speak, but are composed merely of accumulations of soil, though trees of considerable size grow on some of them. These islands are not stationary, but are carried slowly from place to place by the movements of the lake. Now and then one of them is entirely ingulfed.—The Saturday-Evening Post.

Stringtown on the Pike—Many inquiries are now being made concerning the author of "Stringtown on the Pike." These may be briefly answered by saying that the boyhood of John Uri Lloyd was spent in northern Kentucky. The "Stringtown" he writes about is a land wherein every nook is familiar, and the people he describes are those of whom he is a part. The story centres about Florence, a small village ten miles south of Covington. This is the "Stringtown" of the novel, the pike being the Lexington pike, the most celebrated highway of Kentucky. For obvious reasons the author has drawn upon fiction in a few of his descriptions of locality.—Eagle, Brooklyn, N. Y.

Scribner's Magazine.—The great Transsiberian Railway, described by Henry Norman in his series on "Russia of To-day," leads the November number of Scribner's Magazine. Mr. Norman traveled its entire length so far as completed, to Lake Baikal and beyond. He describes the wonderful industrial possibilities of the country through which he passed, and gives an entirely new idea of Siberia. Instead of a desert, it promises to be the leading wheat-producing country of the world, and the railway opens up immense mineral possibilities.

Jesse Lynch Williams in this number describes the "Cross-streets of New York." These views, which are so little noticed by the pedestrian, are among the most impressive in the city, and Mr. Williams points them out with rare discrimination, and mingles with the New York of to-day a great deal of its romantic past.

In color-printing this number shows some very effective pictures by Frederic Dorr Steele made to illustrate a charming bicycle story called "The Wheel of Time." These illustrations are made in a novel way and the result is something new in color-printing.

Henry James contributes "The Tone of Time"—the story of a woman who tries to create a respectable past.

Another of the short stories in the number is a tale of Russian intrigue in China called "The Tartar Who Was Not Caught."

Mr. Barrie's great serial, "Tommy and Grizel," is concluded in this number with a situation which will surprise the most acute readers of fiction, and will create a great deal of discussion.

Mrs. Rebecca Harding Davis, under the title "A Little Gossip," gives some new and entertaining glimpses of Hawthorne, Emerson, Miss Alcott, and other writers whom she met in her youth.

Some of the beauties of the World's Fair

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which is just closing in Paris are fully illustrated by the camera of Dwight L. Elmendorf who has made a wonderful series of photographs. He briefly describes the scenes pictured from the point of view of a photographer.

Samuel Parsons, Jr., describes the "Landscape Gardening at the Exposition." This is an art in which the French lead the world, and Mr. Parsons shows the beautiful effects which they created in a very brief time throughout the Fair Grounds.

Benjamin Paul Blood, author of "The Lion of the Nile," has another poem in this issue entitled, "Tithonus." Mrs. Julia C. R. Dorr also contributes a poem.

General Conference of Health Officers in Michigan. — The "Proceedings and Addresses of the Fourth General Conference of the Health Officers in Michigan," held under the auspices of the State Board of Health at Grand Rapids, Michigan, October 26 and 27, 1899, contains contributions from a large number of sanitarians, bacteriologists, engineers, and physicians, from Chicago, New York, Boston, Providence, Toledo, as well as Detroit, Ann Arbor, Lansing, Grand Rapids, and other places in Michigan. The pamphlet contains nearly two hundred pages and is particularly rich in discussions by experts, from a public-health stand-point, of water-supplies, milk-supplies, bacteriological science, general and local health administration, tuberculosis, and typhoid fever. It is intended for gratuitous distribution to those laboring in or interested in that field of work, and may be obtained by making application (inclosing six cents for postage) to the Secretary of the State Board of Health, Lansing, Michigan.

Early Trouble from an Imperforate Hymen. — An imperforate hymen usually gives no trouble, indeed, is not generally discovered, until the menstrual function has been established, but Dr. Rudolf Bunzel records the case of a newborn child in which a collection of mucus formed in the vagina and caused the hymen to protrude in the form of a mass as large as a cherry. Operative intervention was not allowed, but perforation occurred spontaneously when the child was five days old. When the mucus had drained away, the hymen, though flaccid, still projected from the vulva.—New York Medical Journal.

Manitoba Board of Health. — Dr. A. Holmes Simpson, Winnipeg, has been appointed by the Provincial Government of Manitoba chairman of the Provincial Board of Health.

Physicians' Club.—A physicians' social club is to be formed in Cincinnati. The founders are Drs. N. Pendleton Dandridge, William H. Taylor (Jr.), Joseph Hall (Jr.), John E. Griewe, Paul Gillespie, Mark A. Brown, and Charles E. Caldwell. The club will be known as the Cincinnati Medical Club.

A Cancer Prize. — A prize of fifteen guineas (about $80) for the best essay on the "Present State of Cancer Science," offered by the Cancer Society in England, through the liberality of Miss Scott, has been awarded to Dr. Alexander Fraser, of Manchester.

A Memorial to Dr. J. M. Da Costa.—The Board of Trustees of the Jefferson Medical College, of Philadelphia, have decided to establish a laboratory to be known as the J. M. Da Costa Memorial Laboratory of Clinical Medicine, in honor of the memory of the late Professor Da Costa.

Book Reviews.

A Text-book of the Diseases of Women. By Henry J. Garrigues, A.M., M.D., Gynæcologist to St. Mark's Hospital in New York City, etc. With 367 Illustrations. Third Edition, Thoroughly Revised. Philadelphia: W. B. Saunders & Company, 1900. Price, Cloth, $4.50 net; Sheep or Half-morocco, $5.50 net.

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This is a commendable work. The aim of the author has been to render it a reliable guide, especially to the student, young physician, country practitioner, and, in short, all who are deprived of the advantages of hospital facilities and the support of a special consultant. It must be admitted that his intention has been realized to a noteworthy extent. When it is considered how very large a proportion fall within the classes named we have said already enough to indicate that this book occupies an esteemed position. The description of symptoms is clear and the anatomical conditions produced by the various affections of the female genitalia are faithfully portrayed. By the union of these two sources of information the reader is instructed in the manner of making a sound diagnosis. The sections on treatment are carefully written and the description of operative procedures is precise. The numerous illustrations constitute an admirable commentary upon the text.

The work is divided into a general and a special division. The former part contains a full account of the anatomy and physiology of the reproductive apparatus and of the sexual life of the female. It furthermore includes chapters upon etiology and treatment in general. In the second division are considered the diseases of the vulva, perineum, vagina, uterus, Fallopian tubes, ovaries, and pelvis. The author employs a concise style which enables him to convey much instruction within a comparatively moderate limit. To the student this is a distinct advantage. It is of material assistance, also, for the purpose of rapid reference. The book has met with a good reception in its former issues and, being revised in accordance with the progress of the times, will doubtless continue to receive, as it deserves, the same appreciation.

A Text-book of Pathology. By Alfred Stengel, M.D., Professor of Clinical Medicine in the University of Pennsylvania, etc. With 372 Illustrations. Third Edition, Revised. Philadelphia and London: W. B. Saunders & Company, 1900. Price, Cloth, $5.00 net; Half-morocco, $6.00 net.

It seems but a short time since the first edition of this excellent manual made its appearance. The speedy call for a third edition is ample evidence that it has proved acceptable to the profession. It possesses, in fact, conspicuous merits. It is full and comprehensive without prolixity. Its descriptions of pathological alterations are terse but faithful and the fine plates will undoubtedly be esteemed by the reader. The text is strictly in accordance with the present state of knowledge upon this important and fundamental topic. The book, it may be said, has grown out of demonstrations of clinical pathology for students of medicine. Such a process of evolution is certainly a valuable factor in the production of a useful manual. The chapter upon bacteria represents the aspect of the subject as it is known to-day. This is a department which is rapidly advancing and changing and therefore requires more frequent revision than mere description of morbid anatomy. The author describes the organism of Lustgarten, but recognizes that its causative influence in syphilis cannot be regarded as conclusively proven. He states that yellow fever is probably due to the bacillus icteroides. Acute articular rheumatism is said to be probably an infectious condition, but the nature of the infectious agent is yet uncertain. The list of diseases excited by demonstrable organisms has now become quite large, although some of them are comparatively uncommon. Rather strangely, the bacteria productive of some of the commonest infectious disorders have not yet been discovered. However, of what is actually known the work before us is a reliable exponent and that is all that its readers can fairly demand. A guide, indeed, is all the better for not be-

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wildering the student with the attempts which have been made, but which have been unattended with success. There is enough to be learned without going into the discussion of speculative theories or claims which have not been realized.

A Text-book of the Practice of Medicine. By James M. Anders, M.D., Ph.D., LL.D., Professor of the Practice of Medicine and of Clinical Medicine in the Medico-Chirurgical College, Philadelphia; Attending Physician to the Medico-Chirurgical and Samaritan Hospitals, Philadelphia, etc. Illustrated. Fourth Edition, Thoroughly Revised. Philadelphia and London: W. B. Saunders & Company, 1900. Price, Cloth, $5.50 net; Sheep and Half-morocco, $6.50 net.

This is another deservedly successful work which has advanced with almost unexampled rapidity to a fourth edition. It was well conceived and well executed in the first place. In response to the demand for successive editions the author has availed himself of each opportunity of incorporating whatever discoveries have been made since the preceding issue. We have, as the result, a work which has grown as if by an organic process. The writer's experience as a practitioner and teacher have stood him in excellent stead. He gives in a masterly manner the symptomatology of diseases, together with those organic changes which they produce and by which they may be recognized.

In this fourth edition the author has made such changes in the text as were adapted to enhance its usefulness. The section on diseases of the digestive system has received many improvements. A number of subjects have been rewritten. In every respect Professor Anders has labored to make this work thoroughly representative of the prevailing views and of his own experience, and the reviewer is happy to state that the revision, as far as any was necessary, has been performed with the same skill and conscientiousness which have from the beginning been such salient features of this text-book.

The Practice of Medicine. A Text-book for Practitioners and Students, with Special Reference to Diagnosis and Treatment. By James Tyson, M.D., Professor of Medicine in the University of Pennsylvania and Physician to the Hospital of the University, etc. Second Edition, Thoroughly Revised and in Parts Rewritten. With 127 Illustrations, including Colored Plates. Philadelphia: P. Blakiston's Son & Company, 1900.

This is also a conspicuously meritorious work which it is both a pleasure and a duty to commend, and can be consulted with confidence that one will receive the results of a ripe scholarship and judgment.

In those fields of research in which there has been the most progress since the book was originally issued from the press the author has included whatever was not found in the text of the first edition and which has proved of undoubted value. The subjects which have most needed revision and additions are those relating to diseases of the nervous system, infectious diseases, and those of the blood and vascular system. In these branches the author has woven into his work the gist of all the discoveries or amplifications of our knowledge which have occurred. To as great an extent as is perhaps possible in these days the work is based upon personal experience. It is well known that Professor Tyson has had an enormous clinical experience, and that his judgment upon difficult points of practice is unusually sound. With all these qualifications, aided by a simple, clear, and direct style of expression, the result could be no other than a treatise to which the reader can turn in confidence and upon whose teachings he can place reliance.

The typography is beautiful.

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Tropical Diseases. A Manual of the Diseases of Warm Climates. By Patrick Manson, C.M.G., M.D., LL.D. (Aberd.), Fellow of the Royal College of Physicians, London; Fellow of the Royal Society; Lecturer on Tropical Diseases of St. George's Hospital, Charing Cross Hospital Medical Schools; Lecturer in the London School of Tropical Medicine, etc. With 114 Illustrations and 2 Colored Plates. Revised and Enlarged Edition. Cassell & Company, Limited: London, Paris, New York, and Melbourne, 1900.

The distinguished author of this work, having long resided and practiced medicine in the Orient, has enjoyed and improved exceptional opportunities for the study of tropical diseases. He has been a most diligent student and is, moreover, an independent worker in this field of investigation, undoubtedly one of much importance, and many of our convictions of the present day are due to his pioneer work. For all these reasons, as well as the plain and unpretending style in which it is written, this work, of moderate size, is destined to meet, in its revised edition, with unusual favor. It is a model of what a book should be for the general practitioner whose lot may bring him in contact with some of these diseases or for the young man who is beginning a career in warm climates. Much will appeal with force to practitioners in our own Southern States and tropical possessions.

Diseases as modified by hot climates and other conditions which are associated with high temperature had not until of recent years received a thorough and scientific study commensurate with their importance and deadliness. Much of our knowledge, as we have said, we owe to the labors of the author of this book. We may be sure that his descriptions are reliable and accurate, as we may regard his opinions and conclusions as being entitled to the highest respect. Within its limits it will prove an authoritative guide to the student.

Tuberculosis. Its Nature, Prevention, and Treatment, with Special Reference to the Open-Air Treatment of Phthisis. By Alfred Hillier, B.A., M.D., C.M., Fellow of the Royal Medico-Chirurgical Society, London, etc. With 31 Illustrations and 3 Colored Plates. Cassell & Company, Limited: London, Paris, New York, and Melbourne, 1900.

This work, though small, is well executed, will be useful, and occupies a field of its own, for in it the whole subject of tuberculosis is surveyed as a whole. The author does not dwell long upon those phases of his topic which appropriately receive fuller attention in works devoted to clinical medicine and surgery, pathology, etc. In addition to a review of the different clinical forms of tuberculosis the writer discusses the nature of the disease, the manner in which it is transmitted, the methods whereby it may be prevented, the treatment of tuberculosis, and the national movements against tuberculosis. The author has brought together a mass of interesting and useful information which had been scattered through many books and periodicals or accumulated by his own experience.

A Manual of Chemistry, Inorganic and Organic. With an Introduction to the Study of Chemistry. By Arthur P. Luff, M.D., B.Sc. (Lond.), F.R.C.P., F.I.C., Physician to Out-patients in St. Mary's Hospital and Lecturer on Medical Jurisprudence in the Medical School; and Frederic James M. Page, B.Sc. (Lond.), F.I.C., Associate of the Royal School of Mines, Lecturer on Chemistry and Physics to the London Hospital Medical College, etc. Illustrated with 40 Engravings. Cassell & Company, Limited: London, Paris, New York, and Melbourne, 1900.

This modest volume is a competent in-

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troduction to the study of chemistry, which is a science of deep importance to modern medicine. The medical student who has gained a good knowledge of chemistry begins his professional career with distinct advantages. The rapid growth of chemistry within the past quarter-century has rendered the older manuals obsolete unless they have been periodically adapted to the changed times. Among those which represent in as brief a compass as possible the actual state of chemistry to-day the work before us occupies a conspicuous position.

A Manual of Syphilis and the Venereal Diseases. By James Nevin Hyde, A.M., M.D., Professor of Skin, Genito-Urinary, and Venereal Diseases in Rush Medical College, Chicago, etc.; and Frank Hugh Montgomery, M.D., Associate Professor of Skin, Genito-Urinary, and Venereal Diseases in Rush Medical College, Chicago, etc. Second Edition, Revised and Enlarged. With 58 Illustrations in the Text and 19 Full-Page Lithographic Plates. Philadelphia: W. B. Saunders & Company, 1900. Price, $4.00 net.

This work was very cordially received at its first appearance, and those who have relied upon its pages for assistance in their every-day practice have had no occasion to regret their confidence. Its descriptions of the progress and manifestations of the venereal diseases and syphilis are graphic, and the sections upon treatment are of particular value.

In the preparation of the second edition the authors have included the results which have accumulated from the constant study of these diseases and the experience which has been growing in all civilized countries. The subject of gonorrhœa, in particular, has been rewritten. A number of new cuts and lithographic plates have also been added. In regard to abortive plans of treatment in gonorrhœa the authors write: "A local application that will meet the three requirements of Neisser—that is, a remedy that will kill the gonococcus, leave the mucous membrane uninjured, and not increase the inflammation—is yet to be discovered. Up to the present time attempts at abortive treatment have been productive of much harm and of but little good." The salts of silver are highly esteemed. The complications of gonorrhœa are accurately depicted. In fine, the book is a very satisfactory performance.

Medical Diseases of Infancy and Childhood. By Dawson Williams, M.D. (Lond.), Fellow of the Royal College of Physicians of London, and of University College, London, etc. Second Edition, Revised, with Additions, by Frank Spooner Churchill, M.D., Instructor in Diseases of Children in Rush Medical College in Affiliation with the University of Chicago; Professor of Pediatrics in the Chicago Polyclinic. Illustrated with 72 Engravings and 2 Colored Plates. Lea Brothers & Company, Philadelphia and New York, 1900.

The young graduate in medicine is apt to feel himself peculiarly helpless in the presence of sick babies and children. His contact with infants has heretofore been slight, his clinical experience has been almost nothing, he realizes the rapidity with which certain diseases claim their juvenile victims and the responsibility which rests upon the physician. These reflections should lend a spur to his study of disease as it manifests itself in children. Morbid processes must be essentially the same in youth as in adult life. The physiological circumstances of the growing child, however, entail some modifications in the nature of diseases. The relative importance of affections varies much at different periods of life.

Based upon such ideas, the present work is an excellent presentation of the symptomatology of those affections which are classified as diseases of children, either because they rarely occur in adults or because they assume different forms. His sections on differential diagnosis are likewise very

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helpful. The important topic of artificial feeding of babes receives due attention, inasmuch as this practice, while often necessary, is, nevertheless, responsible for many disturbances of nutrition, both of an acute and chronic character. Faulty digestion is the starting-point of numerous ailments, and this association is traced with care in the book.

In this American edition the text is reprinted entire without change or omission. The modifications representative of views and practice prevalent in this country have been inclosed in brackets. The work can be recommended and consulted with confidence.

Pathology and Morbid Anatomy. By T. Henry Green, M.D., F.R.C.P., Physician and Special Lecturer on Clinical Medicine at Charing-Cross Hospital, and Senior Physician to the Hospital for Consumptives and Diseases of the Chest, Brompton. Revised and Enlarged by H. Montague Murray, M.D., F.R.C.P., Physician to Out-patients and Lecturer on Pathology and Morbid Anatomy at Charing-Cross Hospital. Ninth American Revised from the Ninth English Edition. By Walton Martin, Ph.B., M.D., Assistant Demonstrator of Anatomy in the College of Physicians and Surgeons, Columbia University; Attending Surgeon to the Out-patient Department of Roosevelt Hospital. With 4 Colored Plates and 339 Illustrations. Lea Brothers & Company, Philadelphia and New York, 1900.

This is one of those classical productions from which class after class of medical students has received instruction. The merits of the work were such that it has been adapted by its author and a succession of editors to the changing conditions of this branch of knowledge. In preparing the present issue, for instance, it has been found necessary to rewrite nearly half the book, and several new sections have been added. Many of the old illustrations have been withdrawn and one hundred and eighty now appear for the first time. Many of our practitioners acquired their first training from "Green's Pathology." There are few works which have had a more enduring popularity. The descriptive text is clear and makes the subject of study as plain as words can do, and the illustrations are of much help to the student. The ninth edition will doubtless prove as acceptable as its predecessors.

The Care of the Consumptive. A Consideration of the Scientific Use of Natural Therapeutic Agencies in the Prevention and Cure of Consumption; together with a Chapter on Colorado as a Resort for Invalids. By Charles Fox Gardiner, M.D., Non-resident Fellow of the New York Academy of Medicine, Member of the American Climatological Association. G. P. Putnam's Sons, New York and London, 1900.

This is an interesting monograph upon an important subject which is justly attracting much attention at the present time from physicians and sanitarians. The public also has its interest in the matter. In this book Dr. Gardiner writes of the value of house hygiene, out-door life, and exercise. He gives rational suggestions as to the food and clothing proper in the disease. The effect of climate is discussed with special reference to that of Colorado. While we are no believer in the idea that any one climate is especially fitted to benefit tuberculosis in general, we are, of course, ready to admit that multitudes have gained a new lease of life in Colorado. Whether this improvement be gained in Florida, Minnesota, Colorado, or Southern California we cordially join with the author in an opinion which, indeed, we have often given to patients: "I think by far the best plan for the invalid who has had an arrest or partial cure of consumption in Colorado is to decide to remain for life, as the chance of lighting up latent disease upon a return to the old environ-

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ments where the disease first developed is, as a rule, too great to be undertaken. The few who succeed in living in their old homes are only the exceptions which prove the rule."

Manual of Diseases of the Eye. For Students and General Practitioners. With 243 Illustrations, including 12 Colored Plates. By Charles H. May, M.D., Chief of Clinic and Instructor in Ophthalmology in the Eye Department of the College of Physicians and Surgeons, Medical Department of the Columbia University, New York. New York: William Wood & Company, 1900.

Dr. May has prepared an excellent book, which is adapted to fulfill an extremely-useful purpose. There is a large number of cases which first seek the family physician because their ocular origin is not suspected or because they are associated with symptoms denotive of constitutional disorder. To this number must be added another large class which is without access to a specialist in diseases of the eye. All the ordinary diseases of the more external parts of the organ of vision are liable to be brought under the notice and care of the general practitioner. Every physician ought to be competent to prescribe rational treatment and to give advice in such affections. He should have some intelligent knowledge also of the principles according to which refractive errors are recognized and corrected.

On all these subjects and likewise upon the usual diseases of the deeper structures of the eye, of the optic nerve and orbit the reader will receive instruction by the study of this work. By the omission of details, discussions, and rarities of practice the size of the book has been restricted within convenient limits.

Bacteriology and Surgical Technique for Nurses. By Emily M. A. Stoney, Superintendent of the Training-school for Nurses of St. Anthony's Hospital, Rock Island, Ill. Illustrated. Philadelphia: W. B. Saunders & Company, 1900. Price, $1.25 net.

The author has produced a creditable, practical, and useful book. Some interest in the cardinal facts of bacteriology as related to disease in the human being is taken in our times by all intelligent and educated persons. An adequate conception of the importance of this branch of study is indispensable to the trained nurse as the rational ground for the aseptic and antiseptic measures of the operating surgeon whom she is called upon to assist. The writer has found a happy medium which satisfies this proper and laudable interest without undertaking to penetrate more deeply into the matter than is required by the occupation of a nurse. Such an amount of knowledge, sound as far as it extends, is stimulating as a clue to the meaning of that technique which the duties of the nurse require her to master. The procedures of surgery, as far as they concern the nurse, are succinctly, but clearly, explained in this book.

A Pocket Text-book of Diseases of the Eye, Ear, Nose, and Throat. For Students and Practitioners. By William L. Ballinger, M.D., Assistant Professor of Otology, Rhinology, and Laryngology in the College of Physicians and Surgeons, Chicago, etc.; and A. G. Wippern, M.D., Professor of Ophthalmology and Otology in the Chicago Eye, Ear, Nose, and Throat College. In One Handsome 12mo Volume of 525 Pages, with 150 Engravings and 6 Full-Page Colored Plates. Cloth, $2.00 net; Flexible Red Leather, $2.50 net. Lea Brothers & Company, Publishers, Philadelphia and New York.

This is one of "Lea's Series of Pocket Text-books." The authors have been notably successful in compressing the cardinal features of their extensive subject into one medium-sized volume. They have done

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this by omitting anatomical description, which the reader should learn elsewhere, and by concentrating their attention principally upon those ordinary diseases with which the practitioner must always meet and for which he should be prepared. It is an encouraging mark of the times that so many useful treatises are being put forth with the object of assisting the general practitioner to do justice to the cases which come under his care. The most expert specialist is he who has had a full experience in the general practice of medicine, and, on the contrary, the general practitioner ought to be able to treat the commoner diseases of the eye, ear, nose, and throat, at least in the absence of a specialist with whom he might consult and upon whom he might lean. Such a physician will well understand the limit of his sphere, and will know when and where to refer a patient if necessary. The descriptions in the work before us are excellent, and he who studies its pages will be amply rewarded for the time expended.

Obstetrics. A Manual for Students and Practitioners. By David James Evans, M.D., Lecturer on Obstetrics and Diseases of Infancy in McGill University, Montreal, Canada; Fellow of the Obstetrical Society, London, England. Series Edited by Bern B. Gallaudet, M.D., Demonstrator of Anatomy and Instructor in Surgery in the College of Physicians and Surgeons, Columbia University, New York; Visiting Surgeon to Bellevue Hospital, New York. Illustrated with 149 Engravings. Lea Brothers & Company, Philadelphia and New York.

This is another member of "Lea's Series of Pocket Text-books." It deals with an immensely-important subject, and has been prepared with care. The account of the course of pregnancy and the development of the embryo should fix clearly in the mind of the student the main facts and principles of this manifestation of Nature. The anatomy of the parts concerned, the mechanism and course of normal labor, and the management of normal labor are discussed in an impressive manner. The author next portrays the puerperal state and relates its management. The pathology of pregnancy, labor, and the puerperal period are then taken up in order. The latter part of the work deals with obstetrical operations.

In all its parts this is a very satisfactory performance. The book is intended primarily for the instruction of advanced students and the guidance of young practitioners. For both these classes it is a serviceable manual, teaching them how to meet the conditions which are most common and which must be the foundation of all their subsequent acquirements.

The author dwells at some length upon normal labor and the more frequent difficulties, while the rarer conditions and more complicated operations are rather sketched in outline.

A Manual of Otology. By Gorham Bacon, A.B., M.D., Professor of Otology in Cornell University Medical College, New York; Aural Surgeon, New York Eye and Ear Infirmary. With an Introductory Chapter by Clarence John Blake, M.D., Professor of Otology in Harvard University. Second Edition, Revised and Enlarged. With 114 Illustrations and 3 Plates. Lea Brothers & Company, 1900.

This is a work to be strongly recommended. It has a definite object, which is to provide the student and practitioner with a manual and reference-book of moderate size and which shall present the difficult subject of otology in a clear and comprehensive manner. It may very acceptably and usefully serve as an introduction to the more elaborate treatises composed and consulted by the pure specialists. The book is largely based upon personal experience, and possesses valuable characteristics. It is of moderate size, and

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will not dismay the student whose time is necessarily much occupied with broader subjects, and who is apt to think that, the narrower the specialty, the more voluminous its text-book. No specialty, however, is narrow when properly conceived. We have only to remember the frequent involvement of the ear in the eruptive diseases of childhood and the large percentage of aural troubles which occurs during adolescence, the intimate connections which subsist between the ear, the nose, and the throat, as well as the liability of disease of the ear to spread to the brain, to confess the importance of a study of this department of our profession. Bacon's "Manual of Otology" is unusually well adapted to act as the guide in this field of practice.

An American Text-book of Physiology. By Henry P. Bowditch, M.D.; John G. Curtis, M.D.; Henry H. Donaldson, Ph.D.; W. H. Howell, Ph.D., M.D.; Frederic S. Lee, Ph.D.; Warren P. Lombard, M.D.; Graham Lusk, Ph.D., F.R.S. (Edin.); W. T. Porter, M.D.; Edward T. Reichert, M.D.; and Henry Sewall, Ph.D., M.D. Edited by William H. Howell, Ph.D., M.D., Professor of Physiology in the Johns Hopkins University, Baltimore, Md. Second Edition, Revised. Volume I, Blood, Lymph, and Circulation; Secretion, Digestion, and Nutrition; Respiration and Animal Heat; Chemistry of the Body. Philadelphia: W. B. Saunders & Company, 1900. Price, Volume I, $3.00 net.

In calling the attention of our readers to this admirable work we commented favorably upon the first edition. That issue evidently met with the success it deserved, since we have now before us a second edition. In this edition the plan has been somewhat altered in accordance with the suggestion of many teachers who have believed that the work would be more convenient for students' use if divided into two volumes. This criticism, relating merely to form, would seem to be just, as one thick tome is rather unwieldy. This, however, is a mere minor point. As regards the contents of the volume and the manner in which they are presented there cannot be much ground for difference of opinion. The work is executed in a most scholarly style and with scientific skill and care.

Physiology is in a constant state of flux, and bids fair to remain in this condition for many a long year. How can it be otherwise with a branch of learning and investigation which concerns itself with the complicated structures and functions of human life? The conceptions of this year are antiquated before long, and our ideas must be remodeled, our text-books be rewritten. Physiology is so largely dependent upon chemistry that it must necessarily share the mutability and keep step with the progress of that science. Chemistry, again, is closely linked with physics. Physical and chemical laws shape human life. Consequently, in preparing this edition the contributors have been obliged to make many additions to many parts of the work, especially to that which treats of the central nervous system.

Those who have taken part in composing this volume are Professors Curtis, Howell, Lusk, Porter, and Reichert. Professor Howell has written of the general properties of the blood and the physiology of the corpuscles, of the lymph, of the secretions; the chemistry of digestion and nutrition; the movements of the alimentary canal, bladder, and ureter. Professor Curtis explains the mechanics of the circulation of the blood and of the movement of the lymph. The innervation and the nutrition of the heart are the subjects assigned to Professor Porter. Respiration and animal heat receive the attention of Professor Reichert. The chemistry of the animal body is delineated by Professor Lusk. The enumeration of the contributors to this volume and their respective themes foretells "a feast of fat things."

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The contents of the second volume of this edition will be: "The General Physiology of Muscle and Nerve," by Warren P. Lombard; "The Central Nervous System," by Henry H. Donaldson; "The Special Senses—Vision," by Henry P. Bowditch; "Hearing, Cutaneous and Muscular sensibility, Equilibrium, Smell, and Taste," by Henry Sewall; "The Physiology of Special Muscular Mechanisms," by Warren P. Lombard; "Voice and Speech," by Henry Sewall; "Reproduction," by Frederic S. Lee. We shall look for the appearance of the second volume with unusual interest.

The collaboration of a number of authors in preparing a text-book on physiology seemed something of an innovation, but the result has justified the plan, in this instance, at least.

A Text-book upon the Pathogenic Bacteria. For Students and Physicians. By Joseph McFarland, M.D., Professor of Pathology in the Medico-Chirurgical College, Philadelphia, etc. With 142 Illustrations. Third Edition, Revised and Enlarged. Philadelphia: W. B. Saunders & Company, 1900. Price, $3.25 net.

This book has met with phenomenal success, and it may be safely taken for granted that no scientific book can achieve such distinction unless it deserves it by its own solid merits. The present reviewer had the pleasure of pointing out the intrinsic worth of this book upon its first appearance. It is accurate, it is lucid, it is comprehensive without being verbose, and, in fact, possesses all the elements of popularity. It is admirably suited to be used as a text-book in the recitation-room and as a reference-book in the laboratory. Its illustrations are a material aid to the student, and we venture the prediction that in no long while we shall be writing of a fourth edition.

A Text-book of Histology, Including Microscopic Technic. By A. A. Boehm, M.D., and M. von Davidoff, M.D., of the Anatomic Institute in Munich. Edited, with Extensive Additions to both Text and Illustrations, by G. Carl Huber, M.D., Junior Professor of Anatomy and Director of the Histological Laboratory in the University of Michigan. Authorized Translation from the Second Revised German Edition by Herbert H. Cushing, M.D., Demonstrator of Histology and Embryology in the Jefferson Medical College, Philadelphia. With 351 Illustrations. Philadelphia: W. B. Saunders & Company, 1900.

A knowledge of the normal construction of tissue is of the utmost importance. Gross anatomy can be learned by the naked eye, but the minute formation of organs requires the assistance of the microscope. The introduction to this work describes the application of that instrument to the examination of organic structures and the manner in which specimens are prepared for study. The work next takes up the subject of general histology, which includes the cell, the starting-point of all physical organization, together with its aggregation into tissues. The main portion of the book relates to the special histology of the different parts of the body.

The authors have, without doubt, prepared an excellent and serviceable manual. The subject-matter is so arranged, classified, and simplified, as far as the nature of things permits, that the absorption of its contents is rendered comparatively easy and enjoyable. We need not detain the reader with any discussion of the value of histology as a practical study. Without a reasonable comprehension of its revelations we can have no standard whereby we may judge pathological deviations. Without the normal we cannot understand the abnormal, and as physicians we must deal with abnormal conditions.

Histology is really a fascinating study, and when the undergraduate is thoroughly imbued with its spirit he has acquired a re-

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source which will be of the utmost value in his future life. The hours spent in the histological and pathological laboratories lay the foundation of habits of thought which will follow him throughout his professional career.

As a guide, companion, and interpreter in studying the elements and structure of normal tissues one could scarcely have a more efficient interpreter than the present work. It represents the methods of tuition in vogue at the University of Munich, the descriptions are beautifully clear, the plates are most excellent and serve as a commentary, replacing, as far as that may be, the actual natural specimens, and the translation has been faithfully and skillfully performed. With all these conspicuous advantages the work will doubtless reach a large circle.

The American editor has expanded the sections on the motor and sensory nerve-endings, the spinal and sympathetic ganglia, and that relating to the innervation of glands and organs. Many new illustrations have likewise been added.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects, Second Series, Vol. V. Enamel-Eyuner. Washington: Government Printing-office, 1900.

It would be difficult to overestimate the value of this publication. The included titles represent the medical literature of all civilized countries. To those engaged in working up the bibliography of a subject the index-catalogue is the source and fountain-head of information.

International Clinics. A Quarterly of Clinical Lectures and Especially-Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology; Diseases of the Eye, Ear, Nose, and Throat; and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A.; with the Collaboration of John B. Murphy, M.D., of Chicago; Alexander D. Blackader, M.D., of Montreal; H. C. Wood, M.D., of Philadelphia; T. M. Rotch, M.D., of Boston; E, Landolt, M.D., of Paris; Thomas G. Morton, M.D., and Charles H. Reed, M.D., of Philadelphia; with Regular Correspondents in Montreal, London, Paris, Leipzig, and Vienna. Volume III. Tenth Series, 1900. Philadelphia: J. B. Lippincott Company, 1900. Price, per Volume, Cloth, $2.00 net.

The new editor of this valuable serial publication has called to his assistance such an able and experienced array that the mere perusal of the title-page is a guarantee to the excellence of the contents. It is the aim of all concerned in the production of these volumes that they shall be, in the first place and above all, of service to the physician in his daily work. It cannot be denied that the end has been attained.

Some of the most widely-known contributors to this volume may be mentioned in order that our readers may perceive the cosmopolitan and world-wide style of teaching represented by this series: Professor J. W. Ballantyne, of Edinburgh, Scotland, contributes an instructive lecture upon the secondary post-partum hæmorrhage, which is doubly alarming, inasmuch as it supervenes at a time when all fear of such an occurrence has commonly been allayed and when the obstetrician is no longer in constant attendance upon his patient. In the same section we find an admirable exposé of the present approved treatment of that distressing and dangerous complication, phlegmasia alba dolens, a clinical lecture delivered at the Baudelocque Clinic, of Paris, by Prof. A. Pinard.

In the symposium on genito-urinary diseases Dr. Ferdinand C. Valentine, of New York, discusses the important mat-

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ter of aseptic urethral instrumentation: a subject to which he has devoted much attention. Dr. L. Duncan Bulkeley, of New York, has a clinical lecture upon a subject of which he is a master, extragenital chancres, and as these are innocently acquired by no means infrequently, it behooves every physician to use every precaution against the condemnation of an innocent person. Professor Alfred Fournier, of Paris, a highly-distinguished authority, speaks of the treatment of soft chancre. Dr. Fisher, of New York, lectures upon one of the most dreadful of the consequences of syphilis: disease of the nervous system. In the section upon therapeutics Dr. Edward Lagrange, of Vichy, France, touches upon a significant topic of the present time when so much attention is being given to tuberculosis, viz.: respiratory gymnastics for tubercular patients. The treatment of typhoid fever in childhood, particularly by cold baths, is the interesting theme of Dr. A. B. Marfan, of Paris. In the field of medicine we note a clinical lecture by the lamented Da Costa, of this city; and one upon rigidity of the spine by J. T. Eskridge, of Denver. Surgery is represented in this volume by such eminent teachers as Willy Meyer, of New York; William L. Rodman, of Philadelphia; Robert T. Morris, of New York; and others. Professor L. Webster Fox, of Philadelphia, contributes an article upon injuries of the eyelids and eyeballs, a subject of direct importance to the general practitioner as well as the ophthalmologist. This volume also contains a valuable monograph on the scientific modification of milk by Dr. Thompson S. Westcott, of Philadelphia, who has given much study to this vital subject.

The foregoing list is but a sample of the contents of this volume. We have instanced certain contributions by reason of the importance of their subjects, the manner in which it was treated, the position of the authors, or other circumstances, but these specimens are only indicative of the average worth of the book, and are not selected for any special reasons.

The American Illustrated Dictionary. A New and Complete Dictionary of the Terms Used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the Kindred Branches, with their Pronunciation, Derivation, and Definition. By W. A. Newman Dorland, A.M., M.D., Assistant Obstetrician to the University of Pennsylvania; Editor of the American Pocket Medical Dictionary, etc.; Containing 24 Colored Plates and Numerous Illustrations. W. B. Saunders & Company, Philadelphia and London. Pp. iv-770.

In reviewing the volume before us we are surprised at what seems an almost inexhaustible mine of information this book contains. The author has not been content with making the definitions simple, concise, and yet complete, but has also appended under the more important headings a considerable amount of descriptive matter; for instance, under each drug are given its composition, sources, properties, uses, and dose; under important diseases a short account of the etiology, symptoms, duration, etc.; under the principal organs a description of their structure and function.

Another feature which we commend most highly is the chart and table-work of this volume. They have been introduced with a free hand, and certainly enhance the value of information desired.

The pronunciation and the system for expressing the sounds is extremely simple; in fact, more simple than any book we have had the pleasure of reviewing.

The size is convenient, it has an attractive appearance, and will be a valued addition to the library of any student or practitioner of medicine. The press-work and binding need no comment, as the name of the publishers is sufficient guarantee that the book is *par excellence*.

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COMMERCIAL NEWS.

THE NEW TREATMENT OF SYPHILIS WITH BIN-IODIZED OIL.

By Dr. P. Chapelle,
PARIS.

The "specific bin-iodized oil," recommended by Panas, Dieulafoy, Lancereaux, Brissaud, Fournier, and the leading specialists for the diseases of the skin is a very dilute and unsatisfactory preparation; but a great improvement in the administration of mercury has been recently made by utilizing the solubility of *nascent mercuric iodide* in a strictly-neutral aseptic oil, which keeps indefinitely.

This "specific bin-iodized oil," which contains 1 per cent. of HgI_2 and aptly called cypridol (a name which gives no clew to the patient or to those around him as to the nature of the medicament), can be used either hypodermically or taken in capsules.

Cypridol is vastly superior to the usual soluble or insoluble mercurials, the assimilation and subsequent elimination of which is uncertain, while salivation, vomiting, and diarrhœa are among the least of their disadvantages.

Since Ricord's time, insoluble mercurial treatment has been largely adopted on account of the severity of the soluble salts, but their assimilation is slow, irregular, and gives rise to considerable trouble in the alimentary canal, even when given in combination with small doses of opium. All disadvantages of this nature, which are inevitable with soluble and insoluble mercurial preparations, are avoided with cypridol, which does not affect the stomach or digestive organs and rarely produces salivation even in massive doses. It is conveniently exhibited in capsules of 20 centigrammes, each of which represents exactly $^1/_{32}$ grain of mercuric iodide.

One capsule should be taken with the two principal meals daily, and this dose may be increased to 5 capsules daily, but should not be exceeded, except under special conditions dependent on the susceptibility of the patient to the treatment.

Our experience in the clinics shows that it is advisable to commence the treatment of the capsules or injections of cypridol (or to alternate their administration) as soon as syphilis is recognized, and to continue it for three consecutive years, even if there is an apparent cure after a short time.

During the first three months the treatment may be suspended eight days every month, during which interval small doses of iodide of potassium, sodium, or strontium are given.

For the following three months the cypridol treatment should be administered every alternate fortnight, and, after that, eight days of each succeeding month.

This radical treatment with cypridol will insure the patient's permanent cure; it is indispensable, however, to maintain the best hygienic conditions of life.

Frequent, but not too prolonged, hot baths; washing, to free the skin from irritation, are useful; and care should be taken to keep the buccal cavity exceptionally clean by careful washing and gargling of the throat with boric acid and chlorate of potassium. An ointment of the same should be used to anoint the genital and anal orifices.

The great antiseptic and antizymotic value of cypridol can be utilized in many cases. It is an excellent specific for bacteriological affections or parasites of the alimentary canal, the skin, and the scalp, and is indicated in the treatment of serous affections, fistulas, cold abscesses, white tumors (in hip, knee, ankle), lupus, spina ventosa, and other manifestations of tuberculosis.

Successful experiments have been made in the Paris hospitals on neoplasms, anthrax, furunculosis, paludal intoxication, and in the great majority of epidemic diseases.

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COMMERCIAL NEWS.

RECTITIS: OPERATION ADVISED AND REFUSED. BLOOD CURED.

By T. J. Biggs, M.D.,

STAMFORD, CONN.

Alonzo H., aged 43, American. Entered hospital June 1, 1900. Diagnosis: Rectitis. Case of Dr. S. The patient said that for three years he had been troubled greatly with constipation, so much so that all medicine that he employed would have, at best, very unsatisfactory results, so that finally he had to resort to enemas. The long-continued use of this treatment had produced rectitis. He said that in the last six months he had been passing with his stools large quantities of mucus, containing considerable blood, attended with severe pain. The general symptoms presenting, at the time of my first examination, were: constant nausea, and sensations of burning in the rectum, with a constant desire for stool, with frequent attacks of tenesmus, often so severe as to cause a prolapse of the mucous membrane. The stools were hardened fæces, with occasional scybala from the distended colon. They cause intense pain, especially when the mass reached the rectum. Another constant symptom was nausea, being more especially marked during the tenesmus. He also suffered with headache, feverishness, and malaise. He had frequent attacks of strangury and involuntary urination. So severe was his condition that I advised operation. This he would only agree to after my having exhausted every other treatment. Consequently I determined to employ bovinine.

His secretions were regulated, and the nurse instructed to give him nothing but bovinine and milk, a wineglassful every three hours. The rectum was irrigated three times a day with Thiersch solution followed by bovinine-Thiersch injections. From the very first he experienced great relief.

On the 7th the mucus and blood had decreased greatly in quantity; headache and feverishness had ceased and he felt much stronger. The tenesmus was less frequent and severe. Bovinine pure as an injection was now substituted for the bovinine-Thiersch, being employed three times a day as before.

On the 15th he continues to show a decided improvement, the nausea and sensations of burning in the rectum having entirely disappeared, and for two days there had been no tenesmus, and for five days no prolapse of the mucous membrane. The stools at this time were small in quantity and semiliquid, and for a week there had been no involuntary urination. Treatment continued.

On the 21st the patient said he felt well and strong, was allowed to get up and move about. The rectal injections were employed now twice every twenty-four hours.

On the 27th a careful examination of the rectum showed it to be entirely healed and in a healthy condition.

On the 28th he was discharged, cured.

A NEW REMEDY IN URETHRITIS.

By Ramon Guiteras, M.D.,

Professor of Genito Urinary Surgery in the Post-Graduate Medical College of New York; Lecturer on Genito-Urinary Surgery in the University of the City of New York.

The author states that he has thoroughly tried mercurol in his clinic, and from his experience has drawn certain conclusions which he presents in this paper. After describing the chemical nature of mercurol he states that he found the weaker solutions had little effect and the stronger solutions were at first irritating. He finally concluded that the average strength best borne by the patient is 10 grains to the ounce, or approximately

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THE

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LEADING ARTICLES THIS NUMBER: "Fracture of Elbow-joint.—Sarcomatous Rectal Obstruction.—Medullary Anæsthesia." "Amyotrophic Lateral Sclerosis and Postero-lateral Sclerosis." "The Treatment of Injuries and Deformities of the Bony Framework of the Nose." "Periosteal Tendon-grafting in a Lisfranc Amputation for Gangrene."

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Eucaine "B" has been extensively used in all branches of surgery, dentistry, ophthalmology, etc. Favorable reports concerning it have come from a host of practitioners on both sides of the Atlantic.

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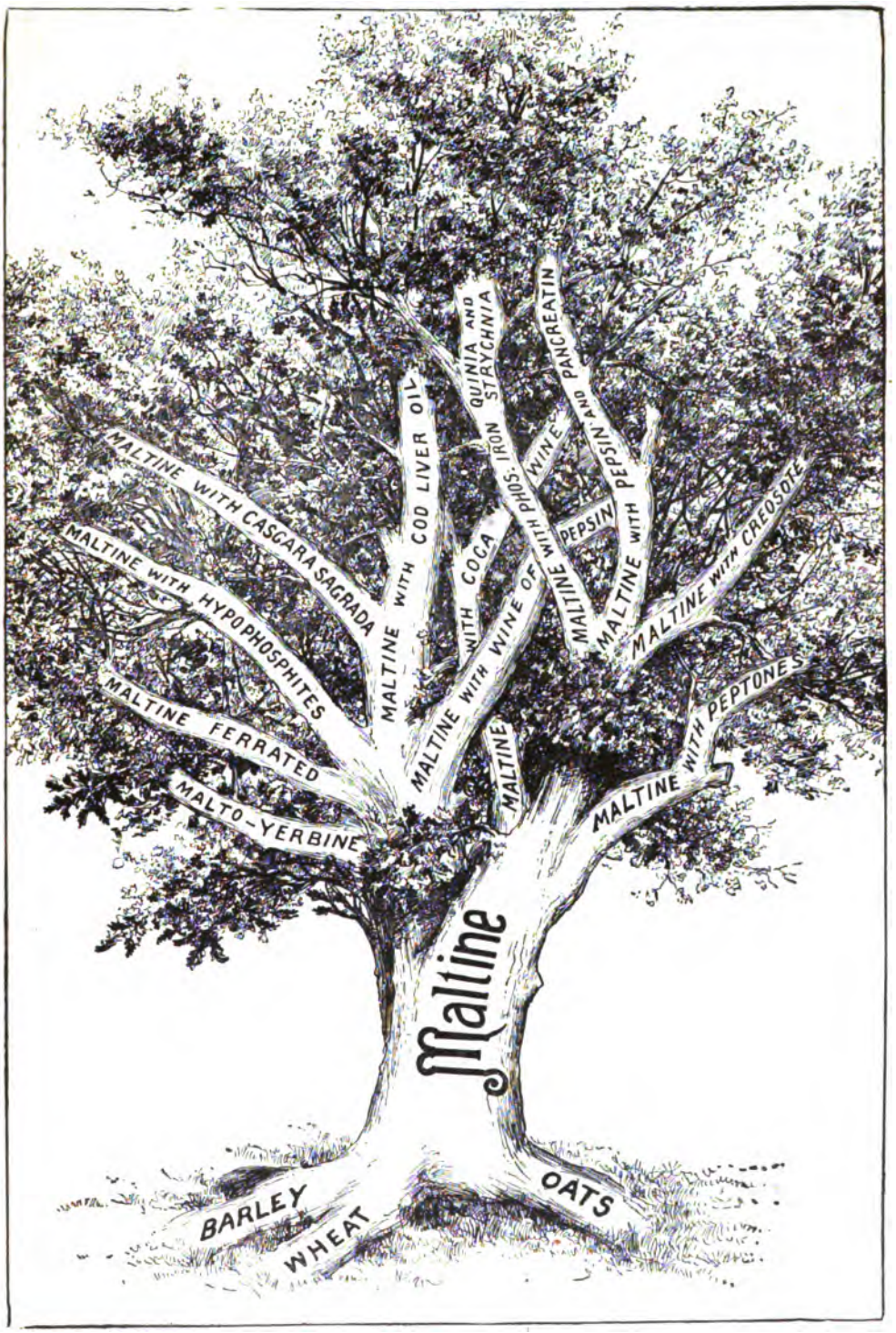

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BUFFALO LITHIA WATER

In Uric Acid Diathesis, Gout, Rheumatism, Bright's Disease, etc.

DR. J. W. MALLET, *Prof. of Chemistry, University of Virginia:* Extract from report of analysis of *Calculi* discharged by patients under the action of BUFFALO LITHIA WATER:—"**It seems on the whole probable that the action of the water is primarily and mainly exerted upon Uric Acid and the Urates, but when these constituents occur along with and as cementing matter to Phosphatic or Oxalic Calculous materials, the latter may be so detached and broken down as to disintegrate the Calculus as a whole in these cases, also thus admitting of Urethral discharge.**"

JOHN V. SHOEMAKER, M.D., LL.D., *Professor of Materia Medica and Therapeutics in the Medico-Chirurgical College of Philadelphia, etc.*:—"The BUFFALO LITHIA WATER is doubly efficient in **Rheumatism** and **Gout.** It dissolves Uric Acid and Phosphatic Sediments as well as other products difficult of elimination, while at the same time it exerts a moderately stimulant effect upon the renal cells, and thereby facilitates the swift removal of insoluble materials from the body. Without such action insoluble substances will precipitate in the kidneys and bladder. The intense suffering produced by stone, together with consecutive pyelitis and cystitis, are avoided by prompt elimination."

E. C. LAIRD, M.D., *Resident Physician, Hot Springs, N. C., formerly Resident Physician at Buffalo Lithia Springs, from New York Medical Times of* March, 1896:—"**Gout, Rheumatism,** and all **Uric Acid troubles are markedly relieved** by both Nos. 1 and 2 BUFFALO LITHIA WATER. I have now under treatment a most interesting case of '**Senile** or **Gouty Heart**' in which my patient is comparatively comfortable, and often able to attend to large business interests, **so long as he is fully under the influence of these waters, but to suspend their use for even one day so intensifies all of his symptoms of failing circulation as to utterly prostrate him.**"

DR. ALEXANDER B. MOTT, *of New York, Professor of Surgery, Bellevue Hospital Medical College, Surgeon Bellevue Hospital*:—"I have made sufficient use of the BUFFALO LITHIA WATER to be satisfied that it **possesses very valuable therapeutic properties.** In the **Gouty Diathesis, Chronic Inflammation** of the **Bladder,** and other diseases affecting the **Urinary Organs, it may be relied on to give the most satisfactory results.**"

DR. WM. F. CARRINGTON, *The late Resident Physician, Hot Springs, Ark., Surgeon (retired) U. S. Navy, Surgeon Confederate States Navy, Medical Director Army of Northern Virginia*:—"BUFFALO LITHIA WATER, Spring **No. 2,** has signally demonstrated its remedial power in **Gout, Rheumatic Gout, Rheumatism, Uric Acid Gravel** and other maladies dependent upon **Uric Acid Diathesis.**"

DR. W. O. BASKERVILLE, *Oxford, N. C., Member of North Carolina Medical Society,* says:—"I belong to the army of physicians who regard the water of BUFFALO LITHIA SPRING **a sovereign remedy in the Uric Acid Diathesis, Gout, Rheumatism,** and **allied affections, neutralizing** the *materies morbi* **in the blood and removing the deposits about the joints. It is a positive solvent of Uric Acid.**"
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DR. JOHN T. METCALF, *of New York, Emeritus Professor of Clinical Medicine, College of Physicians and Surgeons, New York*:—"I have for some years prescribed the BUFFALO LITHIA WATER **for patients and used it in my own case for Gouty Trouble, with decided beneficial results, and I regard it certainly as a very valuable remedy.**"

DR. MARTIN L. JAMES, *of Richmond, Va., Professor of Materia Medica and Therapeutics, Medical Society of Virginia* [Proceedings of the Richmond, Va., Academy of Medicine, Dec. 16, 1880]:—"The President of the Academy, Dr. M. L. James, reported **three cases of marked Uric Acid Diathesis successfully treated by the Water of the Spring No. 2 of the** BUFFALO LITHIA SPRINGS **of Virginia.** In one of these patients there were, as results of this **Diathesis, Sandy Deposits** in the **Urine, Inflammation of the Kidneys, Irritability of the Bladder** and **Hæmaturia,** and, **finally, the passage of a Calculus of the size of a cherry,** formed on a blood-clot as a nucleus."

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BUFFALO LITHIA WATER

In Albuminuria of Bright's Disease, Pregnancy and Scarlet Fever.

SAMUEL O. L. POTTER, A.M., M.D., M.R.C.P., *London, Professor of the Principles and Practice of Medicine and Clinical Medicine in the College of Physicians and Surgeons of San Francisco, Cal.*, in his "Handbook of Materia Medica, Pharmacy, and Therapeutics," in the citation of remedies under the head of "**Albuminuria,**" says: "BUFFALO LITHIA WATER of **Virginia is highly recommended.**"

Under head of "**Chronic Bright's Disease,**" in the citation of remedies, he says: "**Mineral waters, especially the** BUFFALO LITHIA WATER **of Virginia, which has many advocates.**"

DR. GEORGE M. MILTENBERGER, *Professor of Obstetrics, University of Maryland,* before the Medical and Chirurgical Faculty of Maryland, 1886, recommended BUFFALO LITHIA WATER as an alkaline diuretic in **Albuminuria of Pregnancy.**

T. GRISWOLD COMSTOCK, A.M., M.D., *St. Louis, Mo.*:—"I have made use of BUFFALO LITHIA WATER in gynæcological practice in women suffering from **Acute Uræmic conditions,** with results, to say the least, very favorable."

DR. HENRY CARPENTER, *of Lancaster, Pa.*:—"I have found BUFFALO LITHIA WATER **highly efficacious in Uræmic Poisoning supervening confinement.**"

DR. JOHN H. TUCKER, *of Henderson, N. C.*, says:—"**In Albuminuria of pregnant women** BUFFALO LITHIA WATER **has proved a great blessing.**"

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DR. PRESTON ROANE, *of Winston, N. C.*:—"In a case of almost total Suppression of Urine, in a woman **in the latter stages of Gestation, with strong threatenings of Convulsions,** after exhausting, without effect, the most potent diuretics of the *materia medica,* I put her upon the BUFFALO LITHIA WATER, half a gallon a day, which produced a copious action of the kidneys, followed by relief of the alarming symptoms. I attribute the safe termination entirely to the use of this Water."

DR. P. W. YOUNG, *Oxford, N. C.*, after advising the use of BUFFALO LITHIA WATER in some other conditions, writes:—"**I recommend it with much more confidence, however, and have seen results much more remarkable from it in the latter months of Pregnancy, when there is Œdema from imperfect action of the kidneys, and when Albumin is present in the urine. Its action in this condition of the system prevents Puerperal Convulsions.**"

DR. JAMES B. M'CAW, *of Richmond, Va., Honorary Fellow Medical Society of Virginia, Emeritus Professor Medical College of Virginia,* etc., speaks (*Virginia Medical Monthly*) of "**the great value of these Waters in Albuminuria of Pregnancy.**"

DR. C. W. P. BROCK, *of Richmond, Va., ex-President National Association of Railway Surgeons, Member Medical Society of Virginia* (*Virginia Medical Monthly*), writes:—"During the epidemic of Scarlet Fever, prevailing for a year in this city, I have been giving BUFFALO LITHIA WATER *ad libitum,* **to the exclusion of all water for drinking purposes. In no case since I have pursued this course have I seen even a trace of albumin in the urine of Scarlatina patients, either during the attack or the convalescence.** With this experience, and hearing of favorable results in the practice of other physicians who have used the same means, I have thought it worthy of note."

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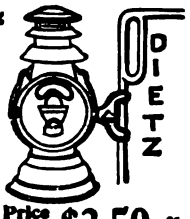

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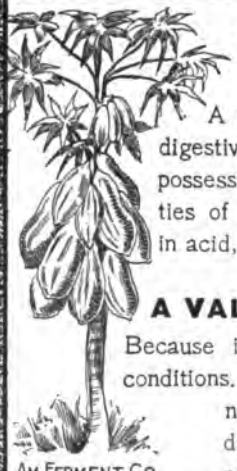

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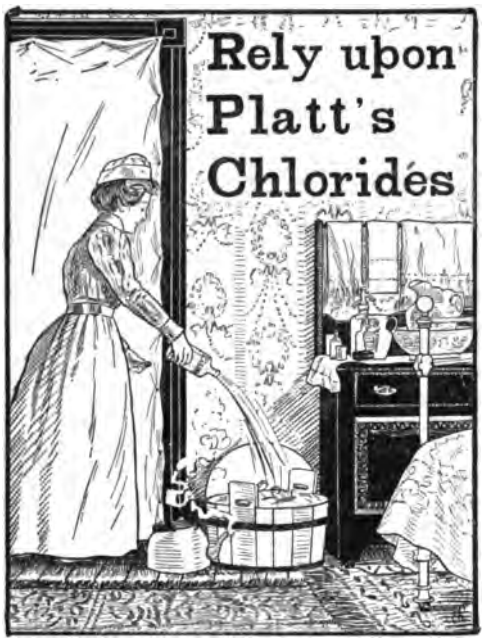

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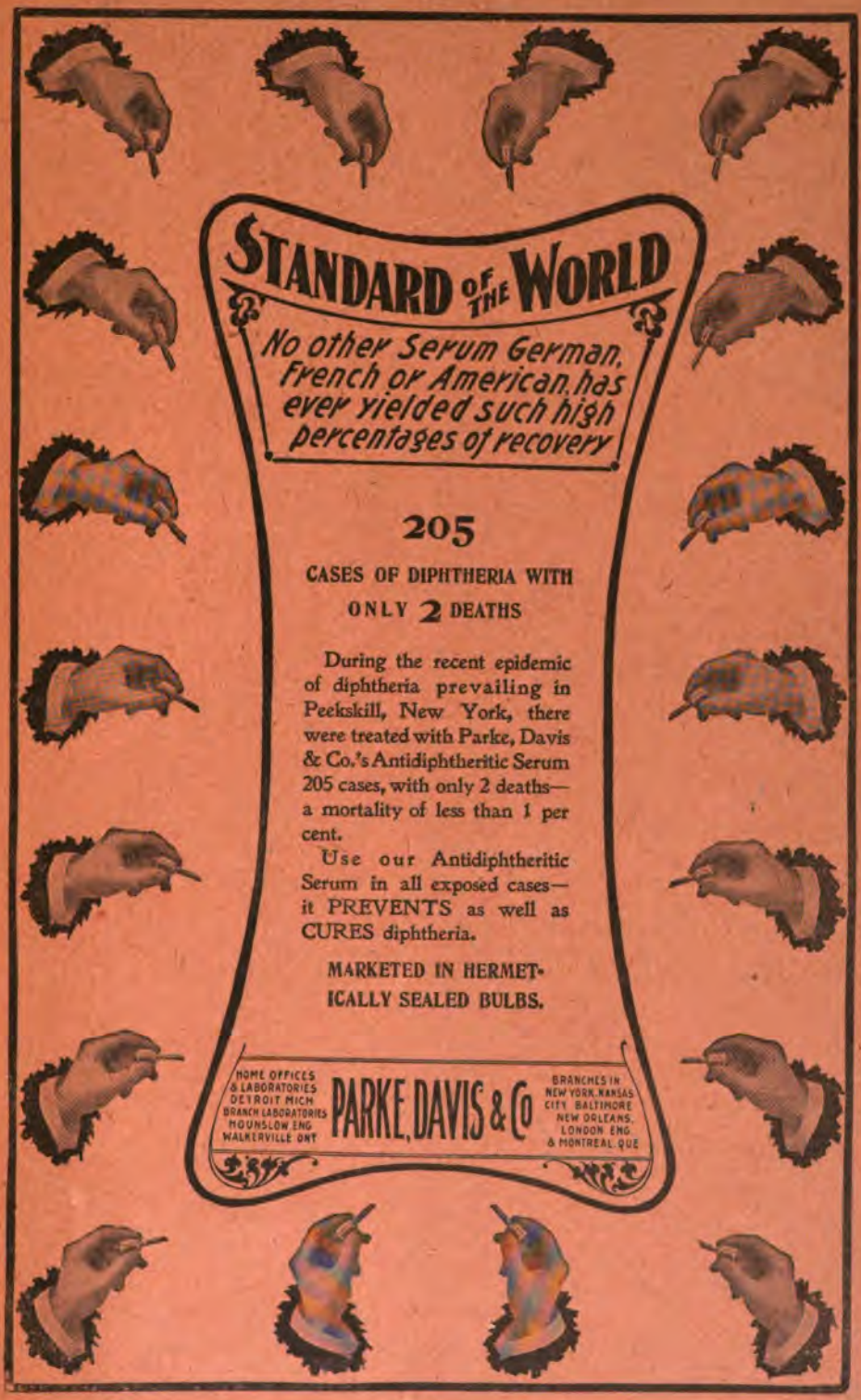
STANDARD OF THE WORLD
No other Serum German, French or American has ever yielded such high percentages of recovery
205
CASES OF DIPHTHERIA WITH ONLY 2 DEATHS
During the recent epidemic of diphtheria prevailing in Peekskill, New York, there were treated with Parke, Davis & Co.'s Antidiphtheritic Serum 205 cases, with only 2 deaths—a mortality of less than 1 per cent.
Use our Antidiphtheritic Serum in all exposed cases—it PREVENTS as well as CURES diphtheria.
MARKETED IN HERMETICALLY SEALED BULBS.
HOME OFFICES & LABORATORIES DETROIT MICH BRANCH LABORATORIES HOUNSLOW ENG WALKERVILLE ONT
PARKE, DAVIS & Co
BRANCHES IN NEW YORK KANSAS CITY BALTIMORE NEW ORLEANS LONDON ENG & MONTREAL QUE

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WE CONTINUE TO RECEIVE REPORTS

on the successful use of

ENZYMOL

illustrating its unique value as a physiological solvent, deodoriser and curative agent. We mention the following typical cases:

abscesses, carbuncles, chronic leg ulcers, ulcer of the palate, ulcer of the tongue, blood clot in the ear, perforation of septum of nose, tuberculosis of joint, diabetic joint, necrosed bone, to liquefy albumen in the gall bladder, ulcer of cornea, and in genito-urinary diseases.

ENZYMOL is potent and painless in its action, absolutely innocent, dissolves morbid matter straight down to the living tissue, where its action ceases, destroys offensive odors, and is remarkably healing.

ENZYMOL has given great satisfaction and proved a signal success in chronic cases in which all other methods of treatment failed.

It is made ready for use by simple dilution and applied by spray, tampon, compress, etc.

Literature and samples sent gratis to physicians upon application.

FAIRCHILD BROS. & FOSTER, New York.

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SIR:

We suppose you prescribe the best emulsion of cod-liver oil by name—and write the name.

But some don't. Some take for granted that Scott's will be got. They say "Scott's of course:" but don't write it. Hadn't you better write it?

There may be some, who perfer some other emulsion of cod-liver oil. What other, no matter: hadn't they better write it?

Don't leave your medicine-maker to accident.

SCOTT & BOWNE, 409 Pearl street, New York.

THE ALKALINITY OF BLOOD SERUM

GLYCO-THYMOLINE (KRESS)

Bermingham Nasal Douche.

A PURGATIVE For Mucous Membrane

INDICATED IN ALL CATARRHAL CONDITIONS, ESPECIALLY

NASAL CATARRH

"Glyco-Thymoline (Kress) is well adapted for the treatment of catarrhal conditions of the mucous membranes. I have frequently employed it with benefit in nasal, buccal, and bronchial affections. Direct local medication is of much advantage in these cases. In some instances we may safely depend on topical measures alone; in those where internal treatment is also necessary, Glyco-Thymoline (Kress) proves an excellent adjuvant."

MEDICAL BULLETIN, Phila., Pa., March, 1899.

SPECIAL OFFER

A full-size bottle of Glyco-Thymoline (Kress) will be sent to any physician who will pay express charges.

K & O Douche to physicians, 15 cts.; $1.50 per doz. Retail 25 cts. Remit stamps.

KRESS & OWEN COMPANY, Chemists, 221 Fulton Street, New York

HASTENS RESOLUTION AND FOSTERS CELL GROWTH

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ROYAL
BAKING POWDER.

ABSOLUTELY PURE.

Royal Baking Powder is made from cream of tartar, a product of the grape, and the most healthful of all fruit acids.

Royal Baking Powder vesiculates the dough by mechanical means, without fermentation, and in no way affects or changes the constituents of the flour. There is no destruction of the gluten or sugar, but all those elements are preserved which are intended by Nature, when combined in our bread, to make it literally "the staff of life."

Fresh bread, cake, biscuit, griddle cakes, etc., raised with Royal Baking Powder, may be eaten with impunity by persons of dyspeptic tendencies or the most sensitive stomachs.

Food for the sick requiring to be leavened is made perfectly wholesome and more nutritious by the Royal Baking Powder than by any other vesiculating agent.

NOTE.—The sale of cheap and imitation baking powders is pushed by certain grocers because of the greater profit in them. These imitation powders almost invariably are made of alum. Alum costs but two cents a pound, while cream of tartar costs over thirty cents. Alum is employed simply because it is cheap, but every physician knows that the use of this corrosive poison in food is at the cost of health.

-HOW-

Gibbs Glycerine Suppositories

ARE MADE.

FIG. 1.

FIG. 2.

We first make a *Hollow Shell* and *Cap* of *Pure Cocoa Butter only*—Fig. 1. We then fill this Cocoa Butter shell with *Pure Glycerine*, and seal it with the cap, thus making a firm, smooth suppository, containing nothing but Pure Cocoa Butter and Pure Glycerine, the *Glycerine being in liquid form*—Fig. 2. This Cocoa Butter shell melts at the temperature of the body and liberates the Glycerine, allowing it to come in direct contact with the mucous membrane. The Glycerine, being a liquid, is free to distribute itself over the mucous membrane, stimulating the surfaces and soon producing an easy movement of the bowels. The Cocoa Butter is softening and lubricating, and prevents the griping that sometimes follows the use of Glycerine in the rectum. Two of our suppositories, separated by a wafer, are packed in a glass vial—Fig. 3. Six of these vials, twelve suppositories, are packed in a wooden box, secure against breakage or deterioration.

Samples FREE on Application, and Mention Medical Bulletin.

One Box, Twelve Suppositories, Fifty Cents.

W. E. GIBBS, Proprietor, 102-104 Fulton Street, New York.

Schieffelin & Co., Sole Agents, 170 William St., N. Y.

FIG. 3.

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HYDROZONE

(30 vol. preserved H_2O_2 solution.)

IS THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER.
HARMLESS STIMULANT TO HEALTHY GRANULATIONS.

GLYCOZONE

(C. P. Glycerine combined with Ozone.)

IS THE MOST POWERFUL HEALING AGENT KNOWN.

Successfully used in **DYSPEPSIA, GASTRITIS, GASTRIC ULCER, HEART-BURN, CONSTIPATION, DIARRHŒA, TYPHOID FEVER, TYPHUS, YELLOW FEVER, CHOLERA INFANTUM, ASIATIC CHOLERA, DYSENTERY, Etc.**

Send for free 300-page book "Rational Treatment of Diseases caused by Germs," containing reprints of 140 scientific articles by leading contributors to medical literature.

Physicians remitting 50 cents will receive one complimentary sample of each, "Hydrozone" and "Glycozone."

Hydrozone is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border with my signature.

Glycozone is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, white and blue border with my signature.

Marchand's Eye Balsam
cures all inflammatory and contagious diseases of the eyes.

DISTRIBUTING AGENTS:

Thomas Christy & Co., 25 Lime St., London, England.
Leeming, Miles & Co., 53 St. Sulpice St., Montreal, Can.
Beckett, Zeilin & Co., 220 Sutter St., San Francisco, Cal.
E. H. Buehler, 134 Lake St., Chicago, Ill.
John W. Lehman, 428 Camp St., New Orleans, La.
Sold by leading Druggists. Avoid Imitations. Mention this Publication.

PREPARED ONLY BY

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

57-59 Prince St., New York.

BONE MARROW IN TUBERCULOSIS

"Of late I have been using RED BONE MARROW (Armour & Company) in place of the Malt and Cod Liver Oil. It is pleasanter to take, and of easy assimilation, and its effects are quickly apparent. All tuberculous patients soon suffer from anemia, and by promoting the development of red blood corpuscles, cell resistance to the tubercular organism is increased. It is by nutrition and oxidation that the progress of the disease is arrested, our aim being to improve the resisting force of the body. The importance of this remedy was first impressed upon me while treating some soldiers suffering from malarial cachexia. Where tissue changes and waste with their resulting anemia are progressing rapidly, the RED BONE MARROW is a valuable remedy, due to the ease with which it is assimilated, and its retention by delicate stomachs."—Chas. J. Whalen, M. D., in "Medicine."

Extract of Red Bone Marrow is

indicated in tuberculosis, anemia, chlorosis, marasmus, rachitis, malaria, and all diseases dependent upon a depraved condition of the blood. Dose: One to four teaspoonfuls, well diluted, four times a day.

Armour & Company, Chicago.

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BLENNOSTASINE

A non-toxic vaso-motor constrictor

BLENNOSTASINE is very effective in acute coryza and in laryngeal or bronchial colds Administered in doses of one grain every half hour, the attack is cut short in a remarkable degree. Blennostasine stops the secretion of mucus, relieves congestion of the larynx, and the heaviness and weight of the head in a few hours.

"It is very gratifying indeed to witness the celerity of its action."

Blennostasine is supplied in 1, 3 and 5-grain gelatine-coated pills.

Samples and full literature on application.

McKESSON & ROBBINS, NEW YORK

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CAPSULES

of Cypridol do not disturb the digestive organs or produce dyspepsia and the emaciation which is inevitable with other mercurials. 1/32nd grain in each capsule.

SOLD IN BOTTLES OF 50.

CEREVISINE

succeeds admirably in the treatment of furuncles, urticaria, acne and boils, which promptly subside and disappear under its influence.

E. FOUGERA & CO.,
26, 28, 30 N. William Street,
NEW YORK.

HgI_2 HgI_2

CYPRIDOL

A STANDARD
ASEPTIC OIL CONTAINING
1% SOLUTION OF NASCENT MERCURIC IODIDE

A Reliable Anti-Venereal Agent

VIAL, 8 Rue Vivienne, PARIS.

PURE DESICCATED YEAST

CEREVISINE

SACCHAROMYCES CEREVISIÆ

Possessed of the same therapeutical activity as the best fresh yeast, besides being more constant in its effects.

VIAL, 8 Rue Vivienne, PARIS.

CHAPOTEAUT'S

MORRHUOL

(Registered).

The curative principles of COD LIVER OIL dispensed in capsules, each of which possesses the therapeutical activity of one teaspoonful of the Oil.

MORRHUOL has all the medicinal properties without the oily repulsiveness of Cod Liver Oil, and is therefore to be preferred in the treatment of **pulmonary catarrhs, scrofula** and **incipient consumption.** It promotes **appetite** and **nutrition, induces refreshing sleep,** and may be easily taken by children and adults in the form of capsules.

DOSE: 2 to 3 capsules for children and 3 to 6 capsules for adults, to be taken with meals.

CHAPOTEAUT'S

MORRHUOL CREOSOTÉ

Each capsule contains one minim of the purest Creosote and three minims of Morrhuol.

MORRHUOL CREOSOTÉ has all the above properties—plus the merits of pure creosote, from which the caustic and obnoxious properties of commercial creosote have been eliminated.

It is especially indicated in the treatment of **tuberculosis, bronchial catarrh** and **excessive expectoration,** due to **softening** of the **pulmonary tissues.**

DOSE: 4 to 6 capsules daily (for adults) at the beginning of meals.

E. FOUGERA & CO., New York.

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BROMIDIA IS A REST-MAKER FOR RESTLESSNESS. IT GIVES CONSISTENT NERVE REST. IT DOES NOT LESSEN THE SUPPLY OF BLOOD TO ANY ORGAN OF THE ECONOMY, AS THE BROMIDES ARE SURE TO DO. IT IS A HYPNOTIC.

FORMULA:--15 grains each Chloral Hydrate and Purified Brom. Pot. and 1-8 grain each Gen. Imp. Ext. Cannabis Ind. and Hyoscyamus to each fld. drachm.

ECTHOL
IODIA
PAPINE

BATTLE & CO., CHEMISTS CORPORATION, ST. LOUIS, MO., U. S. A.

PLASMON

NATURE'S NUTRIENT

A PURE FOOD VALUE FOR THE MASSES AND CLASSES

Tasteless, Odorless, Soluble Nutritious and Economical

PLASMON is prepared from pure skim-milk, contains neither sugar nor fat, and hence will not ferment or become rancid, being superior in these respects to all meat-albumins.

PLASMON is digestible to the extent of 99.4 % of its bulk and assimilable 94 % of its bulk; there is consequently no considerable waste to be found in the excrement.

PLASMON is a pure natural Proteid which is borne without discomfort by the most sensitive stomach. It stimulates natural appetite and promotes increase in weight and strength.

PLASMON does not, like some of the meat-albumins, cause diarrhœa, but has a tendency to check it when it exists.

PLASMON is thoroughly soluble, and being without odor or flavor can be given in combination with any form of liquid or solid food. This quality enables the physician to humor the whims of patients who crave certain articles of food which in themselves may not furnish the desired nitrogenous element.

Professor Virchow's Report, concise literature, with full-size package sent upon application to

AMERICAN PLASMON SYNDICATE, Ltd., No. 22 ASTOR COURT NEW YORK CITY

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SUPERIOR TO PEPSIN OF THE HOC

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

W. R. WARNER & CO.'S SOLUBLE SUGAR AND GELATIN COATED PILLS

HIGHEST AWARD PARIS EXHIBITION.

TONO-NERVINE TABLETS.

Each containing

Phosphorus . . . 1-100 gr. Ext. Sumbul . . . . ½ gr.
Ferri Carb. . . . 1½ grs. Asafetida . . . . . ½ gr.
Ext. Nuc. Vom. . 1-10 gr.

Dose—Two tablets before meals, for adults.
$1.00 per 100.

PIL. CHALYBEATE.

(W. R. WARNER & CO.)

A Most Satisfactory Method for Prescribing Iron as Indicated in

ANEMIA, CHLOROSIS, PHTHISIS.

℞ Ferri Sulph. . 1½ grs. Potass. Carb. . . . 1½ grs.

Dose—One to two pills.

PIL. CHALYBEATE COMP.

The same formula as Pil. Chalybeate with ⅛ gr. Nux Vomica added for its tonic effect.

W. R. WARNER & CO.'S

PIL. CASCARA CATHARTIC.

(DR. HINKLE)

Each containing

Cascarin, Ext. Belladon. . . . ⅛ gr.
Aloin . . . . . ää ½ gr. Strychnin. . . . . 1-60 gr.
Podophyllin . . . . ⅛ gr. Gingerine . . . . . ⅛ gr.

Dose—One to two pills.
60c. per 100.

PIL. PERISTALTIC.

Each containing

Aloin. . . . . ¼ gr. Ext. Belladon. . . . . ½ gr.
Strychnin. . . . . 1-60 gr. Ipecac. . . . . 1-16 gr.

Dose—One to two pills.
40c. per 100.

WILLIAM R. WARNER & CO., Philadelphia, New York, Chicago.

By all druggists or sent by mail on receipt of price. Physician's private formulæ made up in lots of 3000 and over. Pills, granules, or compressed form.

PRACTICAL RESULTS

In

INFANT

and

INVALID FEEDING

"I have prescribed and used your

ESKAY'S Albumenized FOOD

for several years, with very great success. Many of my old patients would not be without it. I find it equally valuable in infants and invalids in advanced years. I use a cupful of it at times myself when I feel exhausted from overwork."

Dr ——, Philadelphia.

Samples and Clinical Reports Furnished Upon Application

SMITH, KLINE & FRENCH CO., Manufacturers
Philadelphia, Pa.

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2 per cent. After having reached this conclusion he had the histories of 100 cases recorded, in 33 of which an examination for the gonococcus was made, revealing its presence in 30 cases. In the remaining 67 cases a clinical diagnosis was depended upon, since the writer considers the experienced eye competent to recognize the disease. In one extremely interesting case no gonococcus could be found in the urethral discharge, although gonococci were present in that of some venereal ulcers on the glans.

In these cases a 2-per-cent. solution of mercurol was ordered, which the patients were directed to inject three times a day, after micturition; the injection to be held within the urethra for five minutes at each operation. The clinical reports of the cases show that, frequently in two days after beginning the use of mercurol, gonococci could no longer be found in the discharge.

The author discusses at some length the value of the term "practically cured," and sums up his argument by saying that to draw conclusions of value we should consider only cases that have been under treatment for three or more weeks, omitting those making but a few visits. On this basis he eliminates all but 65 cases from his report and tabulates these as follows:—

Ten cases were cured in four weeks, or 15 per cent.; 15 cases were cured in six weeks, or 23 per cent.; 20 cases were practically cured, as there was no discharge, though there were some shreds in the urine at the end of from four to eight weeks, 30 per cent.

One of the most valuable observations that the writer has made is the fact that only two cases suffered from complications, one having developed gonorrhœal rheumatism and the other epididymitis. He states that this fact in itself would tend to argue much in favor of the use of mercurol, for where is there any other solution or mixture which does not show a greater percentage of complications? When we consider that many writers claim that epididymitis occurs in 20 per cent. of all cases of urethritis, the rate of 1 per cent. reported in this series of cases argues much in favor of mercurol as a harmless, yet efficient, injection.

Another interesting feature is that in only 1 of the 100 cases was there any marked posterior urethritis. Therefore it would seem that mercurol quickly destroys the gonococcus, lessens the severity of the inflammation, and tends to prevent the development of complications. From a comparative study of the different methods of treating gonorrhœa the author concludes that treatment with mercurol is an advance beyond the old methods with balsamics and astringent injections.—London Lancet.

A New Antiphlogistic.

Dr. Schuster, of Aachen, has employed iodipin in numerous cases—in all those in which the iodides are indicated. During the last fifteen months he has employed the 25-per-cent. preparation hypodermically, almost daily in his practice. His large experience leads him to conclude that iodipin exerts, besides the general effect, a distinctly local one. The local anodyne action manifested itself in several cases, in which inflammatory, rheumatoid, or other indefinite pains disappeared after two or three injections, after having resisted the salicylates and morphine injections for a long time. Several illustrative cases are given. In one case, for instance, a woman of 50 had very severe pains in both shoulder-joints; she could not make the slightest movement with the left arm; pressure around the joint was extremely painful. Sodium salicylate in drachm doses, and injections of morphine, afforded no relief. The writer then injected 2 drachms of iodipin near the affected region. On the third day the patient could

(Continued on Advertising Page 20.)

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Packer's

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Tar Soap.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

BURN BRAE

A PRIVATE HOSPITAL FOR MENTAL AND NERVOUS DISEASES.

Founded by the Late Robert A. Given, M.D., in 1859.

Extensive and beautiful grounds. Perfect privacy.
Located a few miles west of Philadelphia.

Refers by permission to Drs. H. C. Wood, R. A. F Penrose, J. M Da Costa, Alfred Stillé, James Tyson, Charles K. Mills, William Pepper, William Osler, Wharton Sinkler, Thomas G. Morton, H. A. Hare, James Hendrie Lloyd, F. X. Dercum, Laurence Turnbull, W. W. Lassiter, Barton Cooke Hirst, John Ouchterlony.

Resident Physicians: J. Willoughby Phillips, M.D. S. A. Mercer Given, M.D.

For full information, address, BURN BRAE,
Clifton Heights, Delaware Co., Pa.

TELEPHONE CONNECTION.

"It is a standard in my armamentarium."
CHARLES A. L. REED, M.D.

MAIZO-LITHIUM

LITHIC SOLVENT DIURETIC

Genito-Urinary Sedative.

Subdues Inflammation of Mucous Surfaces of Urinary Passages. Indicated in Cystitis and Urethritis, Acute or Chronic. Impedes Development of Gonococci.

The chemic union of Maizenic Acid—*from Green Corn Silk*—with Lithium, resulting in Maizenate Lithium. 2 grs. to drachm.
Dose—1 to 2 drachms.

"Three Chlorides (HENRY) is my favorite formula."
G. FRANK LYDSTON, M.D.

HENRY'S THREE CHLORIDES.

(*Liq. Ferrisonic Henry*)

A Potent Stimulant to the Glandular System. Promptly Reconstructive in Local or General Disturbances of Hard or Soft Tissue.

TONIC, ALTERATIVE, STOMACHIC.

Indicated in Anæmia, Chlorosis, Specific Invasions, and Convalescence.

Each fluidrachm contains:—
1-8 gr. Protochlor. Iron.
1-128 gr. Bichlor. Mercury.
1-280 gr. Chlor. Arsenic.
Calisaya Alkaloid Cordial.

"The formula of HENRY'S Tri-Iodides commends itself to the profession." A. M. OWEN, M.D.

HENRY'S TRI-IODIDES

(*Liq. Sali-Iodide Henry*)

Resolvent, Regenerant, Antiarthritic, Antirheumatic, Antisyphilitic. Excites Normal Lymphatic Energy, Hastens Waste Elimination, Encourages Resolution, Energizes Iodides and Salicylates.

Colchicine, 1-20 gr.; Decandria, 1-10 gr.; Solania, 1-3 gr.; Sodium Salicylate, 10 grs.; Iodic Acid (equal to 7-32 gr. of Iodine), in 2 fluidrachms of Aromatic Cordial.

HENRY PHARMACAL CO.,
LOUISVILLE, KY.

CHOCOLATE-COATED TABLETS

HEROIN AND TERPIN HYDRATE.

Each Tablet contains Heroin, 1-24 gr.; and Terpin Hydrate, 2 grs.

ELIXIR OF HEROIN.

ELIXIR OF HEROIN AND TERPIN HYDRATE.

ELIXIR OF HEROIN AND TERPIN HYDRATE COMPOUND.

Contains Heroin, Terpin Hydrate, Refined Oil of Tar, Tinct. Lobelia, Tinct. Gelsemium.

The field of utility of Heroin comprises all diseases of the respiratory tract attended with cough and dyspnea. It is particularly valuable in the treatment of pulmonary and laryngeal tuberculosis, bronchitis, laryngitis, pneumonia, broncho-pneumonia, emphysema, asthma, hay fever, and whooping-cough.

The established value of Terpin Hydrate as an expectorant and alterative in the same class of diseases in which Heroin has been employed, especially chronic bronchitis, asthma, and emphysema, has induced us to offer the eligible combination of these drugs above indicated.

ROBT. T. YOUNG, Apothecary,
17th and Chestnut Sts., Philad'a.
SPECIFY YOUNG'S.

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move her arm; after another injection the pain and immobility disappeared completely. Similar effects were seen in senile coxum malæ, in sciatica, and in a case of trauma near the hip-joint.

Concerning the general effect of iodipin, the author says that it is not fully equal to potassium iodide, but excels it in many respects, as it never causes iodism or gastric irritation. The author believes that it is destined to cause us many pleasant surprises in our practice, if used where iodine is indicated.—Die medicin Woche, viii, 2, 1900.

American Enterprise.

On Monday, October 29, 1900, the building occupied by the M. J. Breitenbach Company, New York, was completely destroyed by fire, not as much as a lead pencil being left of their possessions. On Tuesday morning, October 30th, they were established in offices at 68 Murray Street, and on Thursday, November 8th, they were filling their orders as of yore.

It is hard to down the typical American, and this exhibition of push and enterprise, in the face of almost unparalleled misfortune, makes us cease to wonder why even such a valuable preparation as "Gude's pepto-mangan" has secured the approval of the medical profession throughout the world. We know that all their friends will unite with us in sympathy for their loss and in the hope that, Phœnix-like, they will rise to even greater heights of success and popularity.

Gonorrhœa.

In the treatment of this affection it is considered essential by many authorities that during the acute stage the medication should be internal, and that injections should not be resorted to until the acute inflammatory symptoms have subsided. The remedy selected for the local treatment of these cases should be one which will not injure the delicate and sensitive urethral mucous membrane, while sufficiently powerful to destroy the gonococci. It should also exert an astringent effect in order to reduce the congestion and arrest discharge. A remedy which will do all this without giving rise to subsequent cicatricial formation has long been a *desideratum*. For the purpose Micajah's medicated uterine wafers have proved of great service. One wafer dissolved in three ounces of water as an injection will give the most satisfactory results. For convenience bougies may be prepared by combining the wafers with cocoa-butter and insert into the urethra twice a day, and on retiring.

A Popular Disinfectant.

"For many years, in private and hospital work, I have used Platt's chlorides as a disinfectant and deodorizer with the very best results." — V. P. Armstrong, M.D., Surgeon-in-Charge of Parkland Hospital, Dallas, Texas.

A Perfect Nerve-tonic.

Joseph Wesley Malone, M.D., Blythedale, Pa., says: "I am so well pleased with celerina that I cannot refrain from citing several cases of interest. I prescribed it very frequently, and have never had it to fail yet. I used it in a case of chorea. The patient was a little girl, 10 years old, suffering from an acute attack. The case had been given up by two physicians and was a very bad one. The usual remedies—phosphorus, arsenic, etc.—had been used and had no great effect. I advised the attending physician, an old practitioner,—and a good one too,—to try celerina. He did not take much to the idea, but after urging him he consented, and the first dose gave relief. From that time the child got better, and in about four weeks was cured. It acted like a charm, and the old physician, who had never used it, was so well pleased that I am sure he will try it again.

(Continued on Advertising Page 22.)

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ANTIZYMA THE SAFEST FEBRIFUGE of TO-DAY.

Est. 1888.

Trade Mark.

ANTIZYMA Does NOT contain ANY COAL TAR DERIVATIVES or narcotics.

ANTIZYMA Ensures normal temperature in 12 to 48 hours.

ANTIZYMA Is an absolutely safe tonic cardiac stimulant.

ANTIZYMA Is indicated in all fevers, and works wonders in "La Grippe" and malarial conditions.

ANTIZYMA May be obtained in one grain tablets or powder form.

Samples and Literature, with formula, sent to Physicians upon application.

J. ELLWOOD LEE CO.,
Manufacturing Chemists,
CONSHOHOCKEN, PA.

THE MULE ELEMENT

—obstinacy, rebelliousness—
in the treatment of anæmia,
malnutrition and nervous exhaustion, is a strong plea for

GRAY'S GLYCERINE TONIC COMP.

It's an always effective remedy.

THE PURDUE FREDERICK CO.,
No. 15 Murray Street, New York.

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I have prescribed it in nervous prostration, and have yet to find it to fail. It is pleasant to take, and produces no nauseating effects, as other remedies do when used for some time. I frequently prescribe it with aletris cordial, and it also goes well with Peacock's bromides. I shall continue to prescribe it, and shall watch its merits closely."

HUNTER MCGUIRE'S OPINION.

The late Hunter McGuire, the most celebrated surgeon of his time in the United States, if not in the world, was asked for his opinion of antikamnia by Dr. Thomas C. Haley, of Riceville, Va. Dr. Haley, in writing of this circumstance to the Antikamnia Chemical Company, says as follows:—

"I recently wrote to Dr. McGuire and gave him my experience with antikamnia in my own case and that of others. Of myself, I said that I had been using the 5-grain tablets for four or five years consecutively, and always with great and signal relief to my sufferings. I vouched for it as being the grandest *succedaneum* for morphia. While I entertained these opinions personally, I still felt that the quantity taken should be justified by consultation. Hence the letter to Dr. McGuire, and I am pleased to hand you herewith his reply."

The following is Dr. McGuire's reply:—

St. Luke's Home,
Richmond, Va., Nov. 8, 1894.

Thomas C. Haley, M.D.

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